The cover features a background of a faded map of Missouri. On the left, there is a vertical green and black graphic element. In the bottom left corner, there is a stylized red heart shape. The text is centered and reads:

# 2010-2013 RURAL HEALTH PLAN

MISSOURI DEPARTMENT OF  
HEALTH AND SENIOR SERVICES

OFFICE OF PRIMARY CARE &  
RURAL HEALTH



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## Executive Summary

Health care is among the most basic of all essential services. Health should be considered as the individual's state of physical, mental and social well-being, not merely the absence of disease. Health care in Missouri features challenges for those in both rural and urban communities. While those living in the most rural and inner city areas have some features in common, challenges facing rural Missourians and their health care providers can be significantly different than those encountered by their urban counterparts. The characteristics attributing to the health of Missourians include socio-economic status, education level, access to and availability of quality health care and the economic resources of communities. Lower provider-to-population ratios, limited range of available physician and hospital services, fewer paid emergency medical service (EMS) providers and fewer trauma centers characterize the health infrastructure of many rural counties.

Local health systems strive to preserve access to and delivery of basic and essential health care services, yet efforts are often impeded by limited resources to recruit and retain medical, dental and behavioral health professionals. Increasingly, diverse cultures, slow economic growth, changing physicians' practice patterns, provider recruitment and retention challenges, and aging equipment and physical facilities all affect the viability of Missouri's rural health care delivery system.

Having health care delivery systems in place is not the only factor impacting health outcomes. "Social factors are crucial determinants of health disparities. Accumulating evidence indicates that social factors such as education, child care, income, housing and neighborhood conditions play a central role in health and in health disparities. Social factors affect health directly and indirectly."<sup>1</sup> They are often amplified in rural areas and evidenced as depressed economic conditions, lack of services to appropriately serve residents with specific cultural or social needs, educational limitations, lack of access to affordable quality health care and lack of access to transportation. Rural communities also have limited financial and human resources and therefore, experience obstacles in addressing health care disparities and the quality of care in rural communities. Many rural areas have higher poverty levels and unemployment rates and lower per capita income than their urban counterparts.

According to the 2010 U.S. Census, the population of Missouri was 5,988,927. The racial and ethnic composition of the state's population is 82.8 percent White/Non-Hispanic, 11.6 percent African-American/Non-Hispanic, 3.5 percent Hispanic/Latino, 1.6 percent Asian/Non-Hispanic, 0.5 percent American Indian/Alaskan Native, 0.1 percent Native Hawaiian and other Pacific Islander, and 2.1 percent two or more races. Thirty-seven percent of Missouri's population is rural, equating to approximately 2.22 million people in rural areas. The fastest growing ethnic group in Missouri is the Hispanic population. Statewide, there was a 79.2 percent increase in Hispanics between the 2000 Census and the 2010 Census.<sup>2</sup>

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<sup>1</sup> Publication Source: Overcoming Obstacles to Health: Toward a Healthier, More Fair America. The Robert Wood Johnson Foundation, 2008. Original source citations: Adler NE, Boyce T, Chesney MA, et al. "Socioeconomic Status and Health. The Challenge of the Gradient." *The American Psychologist*, 49(1): 15–24, 1994; Link BG and Phelan J. "Social Conditions as Fundamental Causes of Disease." *Journal of Health and Social Behavior*, 35 (Extra Issue): 80–94, 1995. *American Psychologist*, 49(1): 15–24, 1994; Link BG and Phelan J. "Social Conditions as Fundamental Causes of Disease." *Journal of Health and Social Behavior*, 35 (Extra Issue): 80–94, 1995.

<sup>2</sup> U.S. Census Bureau, 2010 Census



The Missouri Department of Health and Senior Services reports the state mortality rate from all causes of death as 871.5 for 1999 to 2009. Of the 50 counties with an age-adjusted death rate from all causes that is statistically significantly higher than the state rate, 46 are rural. The majority of those counties are in the southern areas of the state.<sup>3</sup>

According to data from the U.S. Bureau of Economic Analysis, Missouri's total personal income increased by 2.2 percent from 2009 to 2010. The state's growth rate lagged behind the U.S. increase of 3.0 percent. Missouri's per capita personal income grew by 3.7 percent from 2009 to 2010.<sup>4</sup> Missouri's urban areas had a higher median household income. Eighty-two of the 89 Missouri counties having a poverty rate greater than the overall state rate are rural. The average poverty rate for Missouri's rural counties was approximately 17.2 percent, while in urban counties the average poverty rate was approximately 13.1 percent.<sup>5</sup>

A characteristic closely tied to poverty as an indicator of the financial health of a community is the unemployment rate. In December 2010, 56 counties in Missouri had an annual average unemployment rate greater than the state.<sup>6</sup> The economic recovery continues, with jobs in all sectors impacted at varying levels and degrees.

In rural Missouri, the lack of educational attainment, as measured by the percentage of population without a high school education, is evident. Thirty-six rural counties have more than 20 percent of the population over 25 years of age without a high school education.<sup>7</sup>

Health insurance is an important determinant of health status, access and utilization of health care services. Health insurance is also highly correlated with income. Lack of insurance, along with reduced access to health care delivery services, is a dangerous combination that exists disproportionately in rural Missouri. According to the 2007 County-Level Study, approximately 75 percent of all Missouri counties have a rate of individuals without insurance greater than the state rate. Rural areas generally have higher rates of individuals without insurance than do urban counties.<sup>8</sup>

The comprehensive 2010-2013 Rural Health Plan builds on previous plans and initiatives. It identifies and addresses critical health issues and provides health care information, the concerns and the needs of rural Missouri. It also shares strategies for improving the health of Missourians and health infrastructures. In planning, community participation was determined to be essential for affecting change. Input was gathered from participants through 15 town hall meetings, held from November 2009 through June 2010. Through this forum, meetings were held across the state in a variety of community venues. While attendance at the meetings varied across locations, all input received was invaluable. While this plan does not include all the issues addressed throughout the town hall forums, it does, however, focus on those of pressing importance. Eight questions were posed to each community in an open discussion format. As a result, four priority areas were identified:

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<sup>3</sup> Missouri Department of Health and Senior Services, Community Data Profiles, Leading Causes of Death Profile. Rates are per 100,000 population and are age-adjusted to the U.S. 2000 standard population.

<sup>4</sup> Missouri Economic Research and Information Center, [http://www.missourieconomy.org/indicators/wages/pi\\_2010.stm](http://www.missourieconomy.org/indicators/wages/pi_2010.stm), Accessed 04-05-11

<sup>5</sup> U.S. Census Bureau Small Area Income and Poverty Estimates, <http://www.census.gov/did/www/saie/index.html>

<sup>6</sup> Missouri Department of Economic Development

<sup>7</sup> 2005-2009 American Community Survey, U.S. Census Bureau

<sup>8</sup> Missouri Department of Health and Senior Services, Community Data Profiles, 2007 County-Level Study



- access to affordable health care
- access to transportation
- access to emergency services
- lack of rural health workforce

## Introduction

### Background

The Missouri Office of Rural Health was established by the 1990 General Assembly (192.604 RSMo) to “assume a leadership role in working or contracting with state and federal agencies, universities, private interest groups, communities, foundations and local health centers to develop rural health initiatives and maximize the use of existing resources without duplicating existing effort.” The Missouri Office of Rural Health is located within the Office of Primary Care and Rural Health, Center for Health Equity, Missouri Department of Health and Senior Services (DHSS).

The office receives funding from the Health Resources and Services Administration (HRSA) through the Medicare Rural Hospital Flexibility Program (Flex Program) and the State Office of Rural Health Program (SORH). A major requirement of the Flex Program is the development of Rural Health Plans to ensure appropriate services are provided within the scope of available resources. Previous documents developed by the Missouri Office of Rural Health have created a framework for the 2010-2013 Rural Health Plan. Those documents include the 2005 Missouri Rural Health Plan, the 2008-2009 Rural Health Plan for Critical Access Hospitals and the 2008-2009 Office of Rural Health Biennial Report.

### Plan Overview

In the development of this plan, the town hall meeting model was constructed to gather input from rural residents regarding critical issues in their communities. Fifteen meetings were held throughout the state. Local community groups were contacted to encourage participation in the meetings. The Missouri Foundation for Health co-sponsored several of the meetings, which helped to increase community participation. Eight questions were posed in an open discussion format designed to gather each community’s perspective on issues related to health, quality of life and expectations of the state and community.

The questionnaire was also available on-line to allow those who were unable to attend in person to contribute their thoughts and recommendations to the process. The link to the questionnaire was provided to partner organizations and promoted on websites and via e-mail messaging. In addition, hard copies of the questionnaire were provided to meeting attendees interested in sharing copies with others in their organizations or the patients/clients they serve. The four re-occurring concerns identified throughout the meeting are summarized and can be reviewed in **Appendix 1**, which is available online at <http://www.health.mo.gov/living/families/ruralhealth/publications.php>.

Data from the Missouri Department of Health and Senior Services, Community Data Profiles, Missouri Information for Community Assessment, United States Census Bureau and the Missouri Department of Economic Development on socio-economic and health status indicators



were reviewed. The data demonstrate the disparities between rural and urban Missouri, as well as within the rural areas.

Goals, objectives and activities impacting the four principal concerns were developed. Increasing access to quality and affordable health care requires legislation, collaboration, innovation and commitment. It is a process that takes time, but through formal and informal networks, program development and expansion, and strategic partnerships, efforts and progress can be made to ensure Missourians receive quality health services.

## Missouri Demographics

Missouri has a diverse economy; from tourism to farming to manufacturing/businesses. National forests, scenic rivers and streams, conservation and natural areas, as well as state parks offer opportunities for hiking, biking, hunting, fishing or just relaxing. Missouri is home to America's longest rail-to-trail hiking/biking trail, the 225-mile Katy Trail. There are 108,000 farms in Missouri covering 29,100,000 acres. The top crops grown are soybeans, corn, wheat, and cotton.<sup>9</sup> Missouri is ranked 16<sup>th</sup> among the states in number of Fortune 500 company headquarters with 11 companies. These companies employ nearly 25,200 people within Missouri. Most of the companies are headquartered in the St. Louis area, with the exception of the two located in Springfield and Kansas City.<sup>10</sup>

## Defining Rural

Missouri has a total of 114 counties, plus the City of St. Louis. One hundred one counties are considered rural. The United States Census Bureau and various federal agencies use different definitions of rural. Each definition emphasizes different criteria such as commuting patterns, population size and population density. As a result, different definitions generate different numbers of rural people. While people who live in rural areas know they are rural, such insight does not satisfy policy makers or demographers. The criteria used for classifying counties as urban in this report included all counties with a population density over 150 persons per square mile, plus any county that contains at least part of the central city of a Census-defined Metropolitan Statistical Area (MSA). All other counties are considered rural. Map 1 illustrates the rural and urban counties in Missouri.

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<sup>9</sup>Source: [http://www.nass.usda.gov/Statistics\\_by\\_State/Ag\\_Overview/AgOverview\\_MO.pdf](http://www.nass.usda.gov/Statistics_by_State/Ag_Overview/AgOverview_MO.pdf) accessed on 10-26-10

<sup>10</sup> Source: [www.missourieconomy.org/industry/fortune\\_500/index.stm](http://www.missourieconomy.org/industry/fortune_500/index.stm) accessed 01-26-11



Map 1: Rural and Urban Counties Based on Population Density and MSA Central Cities



## Changing Populations

According to the 2010 U.S. Census, the population of Missouri was 5,988,927. The racial and ethnic composition of the state's population is 82.8 percent White/Non-Hispanic, 11.6 percent African-American/Non-Hispanic, 3.5 percent Hispanic/Latino, 1.6 percent Asian/Non-Hispanic, 0.5 percent American Indian/Alaskan Native, 0.1 percent Native Hawaiian and other Pacific Islander, and 2.1 percent two or more races. Thirty-seven percent of Missouri's population is rural, equating to approximately 2.22 million people in rural areas.<sup>11</sup>

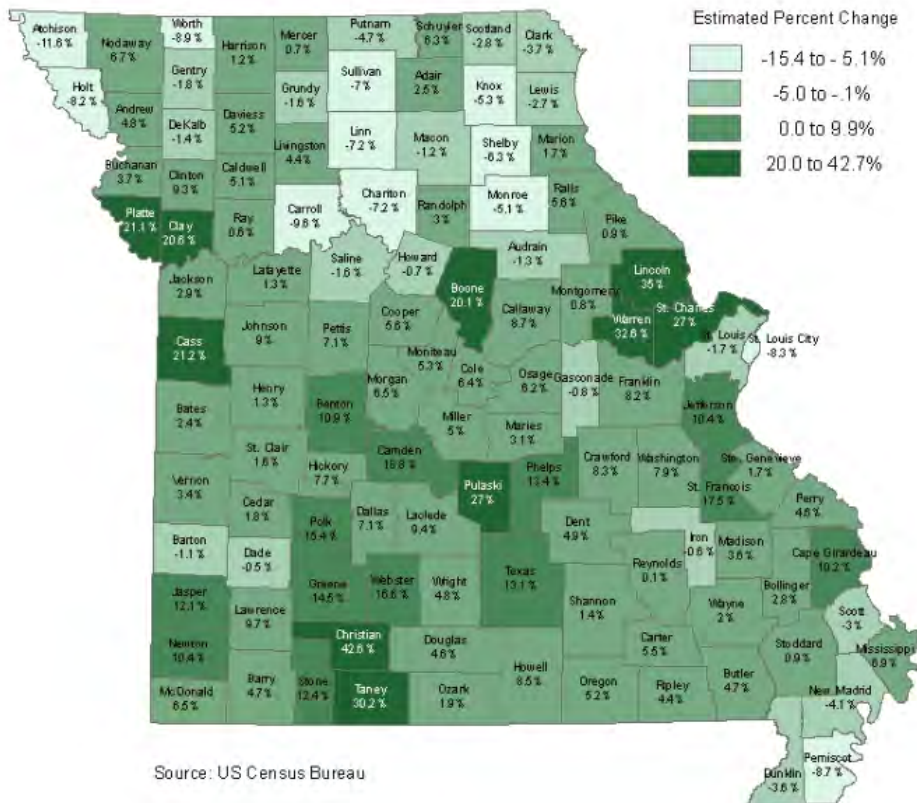
The 2010 U.S. Census further indicates a trend of population loss in several rural counties, located primarily in northern Missouri. Of interest, 18 rural counties had population losses of up to five percent between the 2000 Census and the 2010 Census. Eleven rural counties had an even greater population loss of up to 11.6 percent. In March 1998, a question was added to the Current Population Survey regarding reason for moving. The question offers 17 responses categorized under four groups: family, employment, housing and other reasons. Responses to the “other” category are recorded verbatim. “Longer distance moves are more likely to be associated with work-related reasons, while shorter distance moves are more likely to be associated with housing-related reasons. Socioeconomic characteristics like education and income tend to yield similar relationships, with lower education and income groups more likely to move for family reasons and less likely to move for work-related reasons than higher education and income groups. Work-related reasons were not as important for movement of the poor as economic theory suggest, with housing-related reasons taking precedence for this group,

<sup>11</sup> U.S. Census Bureau, 2010 Census



and family reasons being more important for the poor than the non-poor.”<sup>12</sup> Conversely, 73 rural counties experienced population increases. Many of the largest rural county gains were in those counties adjacent to the urban areas. This is indicative of the growth of suburban communities, often at the expense of more urbanized areas. The counties experiencing the largest growth are in the St. Louis and Springfield areas. Those counties are Christian (42.6 percent), Lincoln (35.0 percent) and Warren (32.6 percent).<sup>13</sup> Map 2 shows Missouri’s population changes from 2000 to 2010.

Map 2: Changes in Population in Missouri, 2000-2010<sup>14</sup>



Missouri’s growth in diversity presents challenges for rural communities in terms of language and cultural barriers. The fastest growing ethnic group in Missouri is the Hispanic population. The Hispanic population in Missouri increased from 2.1 percent in the 2000 Census to 3.5 percent as of the 2010 Census. Statewide, there was a 79.2 percent increase in Hispanics between the 2000 Census and the 2010 Census. The counties with the highest Hispanic population rates are Sullivan County (18.6 percent), McDonald County (11.2 percent), Pulaski County (9.0 percent), Jackson County (8.4 percent), Saline County (8.2 percent) and Barry County (7.7 percent). Missouri’s largest minority group, African-Americans, constitutes 11.6 percent of the total state population. The African-American population increased by 6.7 percent between 2000 and 2010. However, African-Americans primarily live in urban areas. Only 3.0 percent of the rural population is African-American. The Hispanic population is somewhat more dispersed geographically compared to African-Americans. There were 33 counties with fewer

<sup>12</sup> Schachter, Jason, *Why People Move: Exploring the March 2000 Current Population Survey*, Current Population Reports, March 1999 to March 2000, Issued May 2001, #P23-204, U.S. Census Bureau 2009 County Population Estimates

<sup>13</sup> U.S. Census Bureau, 2010 Census

<sup>14</sup> U.S. Census Bureau, 2010 Census



than 50 African-Americans in 2010. In contrast, there were only ten counties with fewer than 50 Hispanic persons in 2010.<sup>15</sup>

There are indications that minorities are moving into Missouri's rural counties at an increasing rate. Of the 101 rural counties, 93 experienced an increase in minority populations between 2000 and 2010. In 17 rural counties, minority populations more than doubled during this time period. These counties were dispersed throughout the state.<sup>16</sup> The difficulties facing rural communities in terms of language barriers and cultural differences are compounded by inadequate infrastructure, such as housing, schools and public transportation, and resource changes, including family income levels and availability of health care providers and social support systems.

Missouri's population is also aging. The median age in Missouri increased from 36.1 in 2000 to 37.6 in 2009, the most recent year for which data are available.<sup>17</sup> The population of Missourians age 75 and above increased by 8.1 percent from 2000 to 2009, which was larger than the total state population increase (7.0 percent) for the same time period. Overall, Missourians 75 and above accounted for 6.5 percent of the total statewide population in 2009. However, while the state as a whole saw significant increases in older Missourians, fifty-two counties in the state saw a decline in that population. Many of the counties with a loss were located in rural north Missouri. The percentage of decline in some of these counties was large: Scotland (23.5 percent), Putnam (17.6 percent), Carroll (16.8 percent), Holt (16.2 percent) and Linn (15.9 percent).<sup>18</sup>

## Health Status Indicators

Health status indicators are measures that tell us the status of our health, as well as the progress being made toward its betterment within our community, state or nation. An indicator of the disparity in health status between the urban and rural populations is the variation of the death and hospitalization rates for various diseases and health conditions among the counties of the state. The following section looks at several causes of death identified by the Missouri Department of Health and Senior Services, Community Data Profiles in the Leading Causes of Death Profile. These causes of death, which are listed in Table 1, include: Heart Disease, Cancer, Stroke, Chronic Lower Respiratory Disease, Total Unintentional Injuries, Pneumonia and Influenza, Diabetes, Alzheimer's Disease, Kidney Disease, and Suicide. Unless otherwise noted, all data used in this analysis represent years 1999 through 2009.

The state rate for mortality from all causes of death is 871.5.<sup>19</sup> Of the 50 counties with an age-adjusted death rate from all causes that is statistically significantly higher than the state rate, 46 are rural. The majority of those counties are in the southern areas of the state. In the following analysis, counties are grouped into regions using the Behavioral Risk Factor Surveillance System (BRFSS) categories. Among the primarily rural regions, the Southeast Region ranked first for mortality from all causes of death, as well as first or second in 10 of the 11 causes of death shown. (The Southeast Region ranked third in Kidney Disease.) The Southeast Region rate of 971.4 is much higher than the Southwest Region rate, which ranks second at 878.9. In fact, there

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<sup>15</sup> U.S. Census Bureau, 2010 Census

<sup>16</sup> U.S. Census Bureau, 2000 Census and 2010 Census

<sup>17</sup> U.S. Census Bureau, 2009 American Community Survey

<sup>18</sup> U.S. Census Bureau, 2009 County Population Estimates

<sup>19</sup> Missouri Department of Health and Senior Services, Community Data Profiles, Leading Causes of Death Profile, rates are per 100,000 population and are age-adjusted to the U.S. 2000 standard population.



is a statistically significant difference between these top two regions. In looking at county-specific rates, Iron County has the highest rates for all causes of death at 1,211.1 and Alzheimer's Disease at 56.9. Carter County has the highest county rates for All Cancers (Malignant Neoplasms) at 256.0, Chronic Lower Respiratory Disease at 48.7 and Total Unintentional Injuries at 45.0. Mercer County has the lowest rates for all causes of death at 726.6 and Alzheimer's Disease at 4.3.



Table 1 Age-Adjusted Mortality Rates for Highest and Lowest Counties and Primarily Rural BRFSS Regions, 1999-2009<sup>20</sup>

Cause	State Rate	County with Highest Rate	County with Lowest Rate	Region with Highest Rate	Region with 2 <sup>nd</sup> Highest Rate	Region with 3 <sup>rd</sup> Highest Rate	Region with 4 <sup>th</sup> Highest Rate	Region with Lowest Rate
All Causes	871.5	Iron County (1,211.1)	Mercer County (726.6)	Southeast Region (971.4)	Southwest Region (878.9)	Northeast Region (869.4)	Central Region (868.2)	Northwest Region (849.0)
Heart Disease	245.6	Washington County (416.1)	Schuyler County (166.3)	Southeast Region (284.4)	Central Region (246.8)	Northwest Region (246.6)	Northeast Region (245.1)	Southwest Region (244.2)
All Cancers (Malignant Neoplasms)	197.7	Carter County (256.0)	Holt County (153.4)	Southeast Region (215.7)	Northeast Region (200.9)	Central Region (197.1)	Southwest Region (196.4)	Northwest Region (190.8)
Stroke/Other Cerebrovascular Disease	54.9	Dunklin County (85.9)	Harrison County (31.3)	Southeast Region (62.5)	Northwest Region (59.1)	Southwest Region (58.1)	Central Region (55.8)	Northeast Region (55.0)
Chronic Lower Respiratory Disease	48.7	Carter County (97.7)	Chariton County (31.7)	Southeast Region (58.9)	Northwest Region (57.7)	Northeast Region (52.5)	Southwest Region (52.0)	Central Region (50.2)
Total Unintentional Injuries	45.0	Carter County (118.9)	Scotland County (25.8)	Southeast Region (58.7)	Southwest Region (49.9)	Central Region (49.5)	Northeast Region (49.3)	Northwest Region (39.0)
Pneumonia and Influenza	23.1	Schuyler County (47.9)	Moniteau County (12.0)	Northeast Region (26.4)	Southeast Region (24.7)	Southwest Region (24.3)	Central Region (23.9)	Northwest Region (19.2)
Diabetes Mellitus	23.8	St. Francois County (47.1)	Ralls County (7.3)	Northwest Region (27.6)	Southeast Region (26.7)	Northeast Region (24.7)	Central Region (22.8)	Southwest Region (21.3)
Alzheimer's Disease	21.9	Iron County (56.9)	Mercer County (4.3)	Southeast Region (27.1)	Southwest Region (26.1)	Central Region (22.0)	Northwest Region (19.1)	Northeast Region (16.6)
Kidney Disease (Nephritis and Nephrosis)	17.2	DeKalb County (37.6)	Atchison County (6.9)	Northeast Region (19.4)	Northwest Region (19.1)	Southeast Region (18.9)	Central Region (16.7)	Southwest Region (15.8)
Suicide	12.8	Hickory County (22.8)	Chariton County (4.5)	Southeast Region (14.3)	Southwest Region (14.2)	Central Region (13.1)	Northeast Region (12.8)	Northwest Region (12.7)

<sup>20</sup> Missouri Department of Health and Senior Services, Community Data Profiles, Leading Causes of Death Profile <http://health.mo.gov/data/mica/ASPsDeath/header.php?cnty=929> accessed 04-25-11. Rates are per 100,000 population and are age-adjusted to the U.S. 2000 standard population.



To effectively provide treatment, health care providers must be culturally sensitive and understand community needs. Education is noted in the literature as a key driver of an individual's ability to achieve health, particularly among racial and ethnic minorities. "Racial and ethnic minorities were more likely to report being in less than very good health, but differences in health status by education level are still seen within every racial or ethnic group. Nationally, for example, 44 percent of African-American college graduates reported they were in less than very good health compared with 55 percent of those with some college, 62 percent of high school graduates, and 73 percent of those who had not finished high school. The report emphasizes that health is closely linked with both education and racial or ethnic group."<sup>21</sup>

## Socio-Economic Characteristics

The health of an individual is influenced by age, genetics, environment, and social and economic factors, as well as circumstances. The relationships are complex but socio-economic factors such as income and education level are increasingly being recognized as major determinants of health and causes of health inequities. Knowledge of a community's characteristics is necessary to identify unique health needs and improve the identification of the socio-economically disadvantaged. The impact of poverty and education on health status is well discussed in the literature.

"People with low socio-economic status have worse health outcomes than people with higher socio-economic status."<sup>22</sup> In the most direct sense, income allows for meeting health-related needs and enables healthier choices. Regular and sufficient income enables one to purchase needed goods and services, such as health care, a habitable residence, or a car to drive to work. A lack of money can prevent someone from getting regular health screenings, eating nutritious foods, and exercising. When there isn't enough money for basic needs, health suffers. For example, if a person has high housing costs, he or she often spends less on healthy foods and health care."<sup>23</sup>

"Education also influences health. For example, people who do not have a high school diploma, a college education, or a graduate degree tend to be sicker than their better-educated counterparts."<sup>24</sup> Several reasons may explain the influence of education. It influences people's ability to earn income and create wealth. It may influence one's perceived social status and also

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<sup>21</sup> Robert Wood Johnson Foundation Commission to Build a Healthier America, 2009. <http://rwjf.org/newsroom/product.jsp?id=42418>

<sup>22</sup> Publication Source: Why Place Matters: Building a Movement for Healthy Communities. The California Endowment, 2007. Original source citations: M.A. Winkleby and C.Cubbin, "Influence of Individual and Neighborhood Socioeconomic Status on Mortality among Black, Mexican American, and White Women and Men in the United States," *Journal of Epidemiologic Community Health* 57 (2003):444-52; N.E. Adler, T.E. Boyce et al., "Socioeconomic Status and Health: The Challenge of the Gradient," *American Psychologist* 48(1):15-24 (1994); E. Backlund, P.D. Sorlie et al., "A Comparison of the Relationships of Education and Income with Mortality: The National Longitudinal Mortality Study," *Social Science & Medicine* 49 (1999):1373-84; M. Haan, G.A. Kaplan, and T. Camacho, "Poverty and Health: Prospective Evidence from the Alameda County Study," *American Journal of Epidemiology* 125(6):989-98 (1987); J.S. House and D.R. Williams, "Understanding and Reducing Socioeconomic and Racial/Ethnic Disparities in Health," in B.D. Smedley and S.L. Syme (eds.), *Promoting Health: Intervention Strategies from Social and Behavioral Research* (Washington, DC: Institute of Medicine/National Academy Press, 2000); and N. Krieger and E. Fee, "Social Class: The Missing Link in U.S. Health Data," *Journal of Health Services* 24 (1994):25-44. Citation.

<sup>23</sup> Publication Source: Why Place Matters: Building a Movement for Healthy Communities. The California Endowment, 2007. Original source citations: Barbara J. Lipman, *Something's Gotta Give: Working Families and the Cost of Housing* (Washington, DC: Center for Housing Policy, 2005); Wang Lee, Eric Beecroft, Jill Khadduri, and Rhiannon Patterson, "Impacts of Welfare Reform on Recipients of Housing Assistance: Evidence from Indiana and Delaware," prepared for the U.S. Department of Housing and Urban Development by Abt Associates, 2003.

<sup>24</sup> Publication Source: Why Place Matters: Building a Movement for Healthy Communities. The California Endowment, 2007. Original source citations: A.C. Volkers, G.P. Westert, and F.G. Schellevis, "Health Disparities by Occupation, Modified by Education: A Cross-sectional Population Study," *BioMed Central Public Health* 7(1):196 (August 8, 2007).



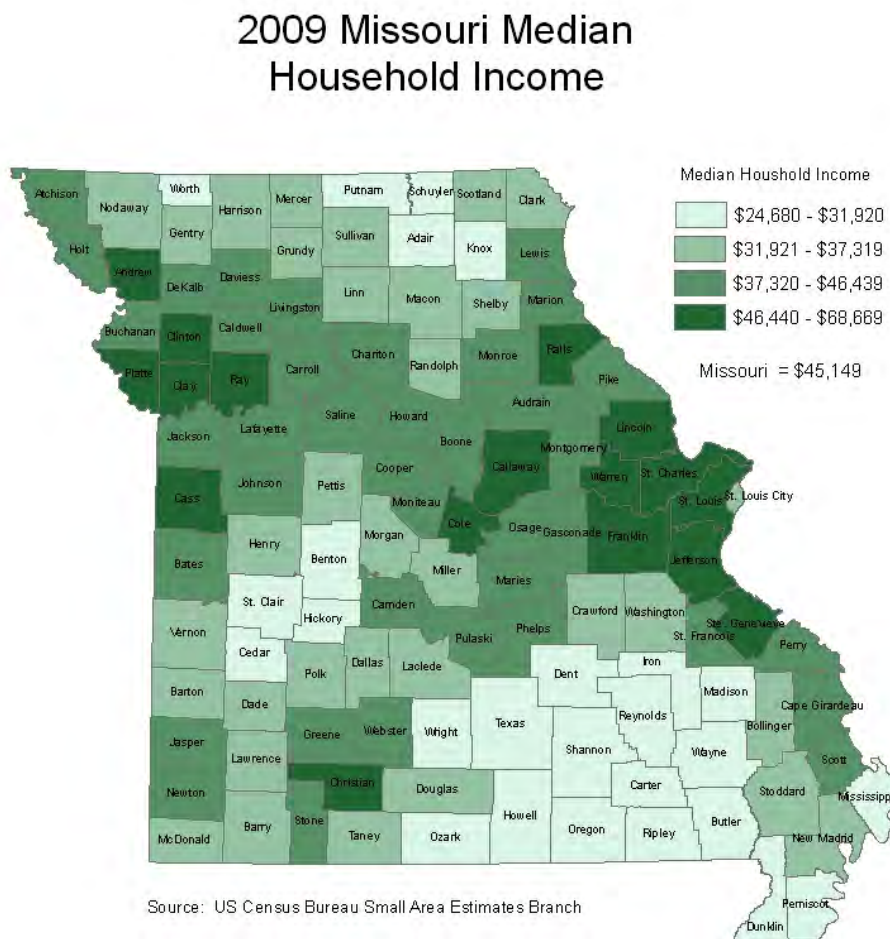
may improve one's occupational status, allowing a person to secure a job where he or she may have greater control over decisions and therefore less stress, or a job that has fewer occupational hazards."<sup>25</sup>

In the following sections several indicators are reviewed and comparisons are made, where appropriate, between the rural and urban counties in the state.

## Income and Poverty

According to preliminary data from the U.S. Bureau of Economic Analysis, Missouri's total personal income increased by 2.2 percent from 2009 to 2010. The state's growth rate lagged behind the U.S. increase of 3.0 percent. Missouri's per capita personal income grew by 3.7 percent from 2009 to 2010.<sup>26</sup> Missouri's median household income in 2009 (the most recent year for which data are available) was \$45,149. In general, Missouri's urban areas had a higher median household income, as reflected in Map 3 below.

Map 3: 2009 U.S. Census Median Household Income



<sup>25</sup> Ibid.

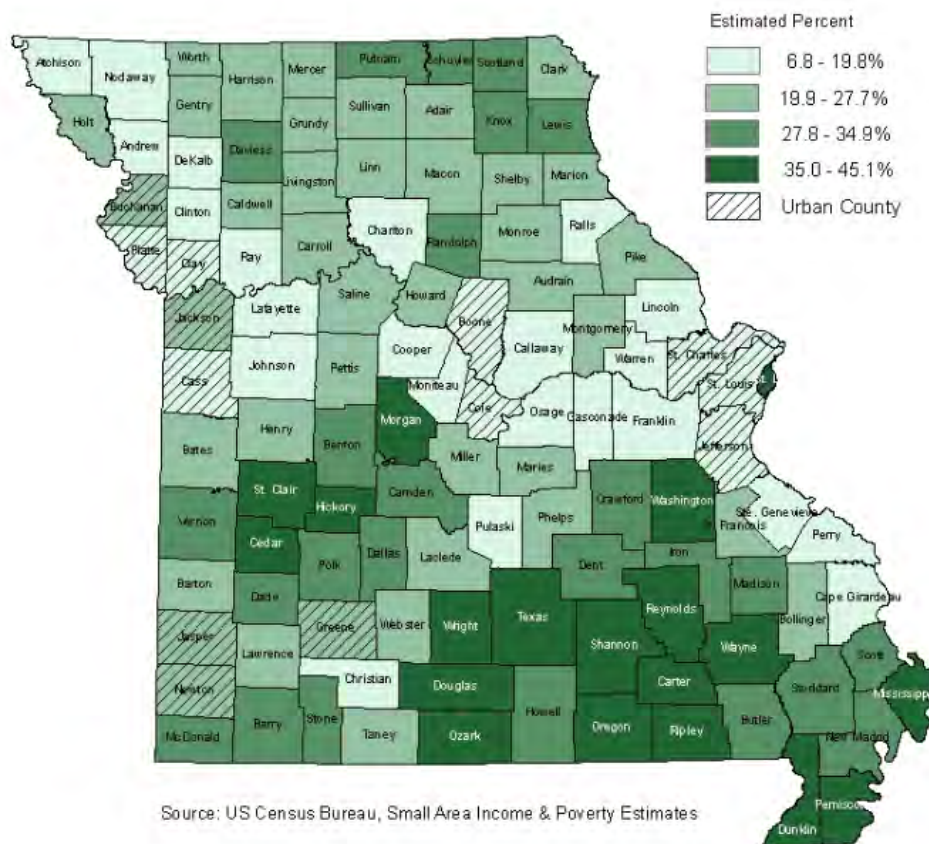
<sup>26</sup> Missouri Economic Research and Information Center, [http://www.missourieconomy.org/indicators/wages/pi\\_2010.stm](http://www.missourieconomy.org/indicators/wages/pi_2010.stm), Accessed 04-05-11



As per capita personal income decreases, poverty rates increase. Statewide the poverty rate in 2009 was 14.6 percent. Eighty-nine of Missouri's 115 counties had poverty rates above the state average. Of those 89 counties, 82 were rural. The poverty rate for Missouri's rural counties was approximately 17.2 percent, while for urban counties the poverty rate was approximately 13.1 percent. Also of note, rural counties with the lowest poverty rates were those adjacent to the urban areas. In terms of the poorest rural counties, the majority are in the southeast region of the state.<sup>27</sup>

When only looking at the population under age 18, the disparity in poverty rates between urban and rural counties is even more pronounced. The percentage of children living below poverty is higher than the state rate in 77 rural counties. The poverty rate for the under 18 population in Missouri's rural counties was 25.3 percent compared to 18.2 percent for the urban counties. Wright County had the highest rate at 45.1 percent. The distribution of counties according to percentage of children living below poverty is shown in Map 4.

Map 4: 2009 U.S. Census Percent of Children Below Poverty in Missouri<sup>28</sup>



<sup>27</sup> U.S. Census Bureau Small Area Income and Poverty Estimates, <http://www.census.gov/did/www/saipo/index.html> accessed 01-26-11

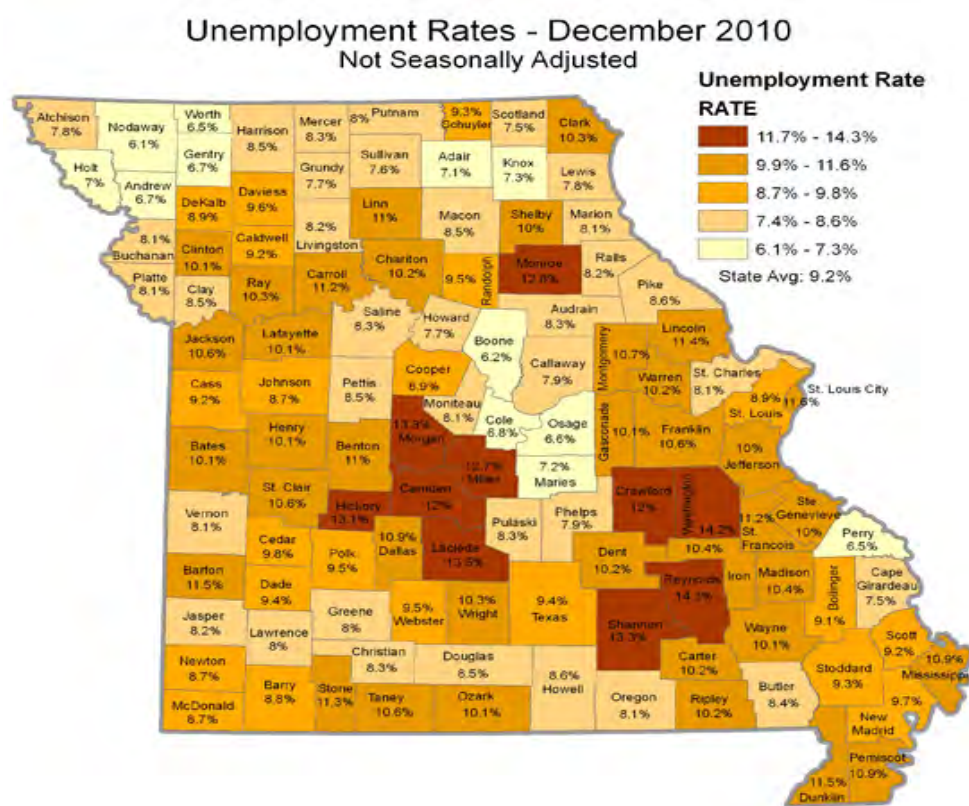
<sup>28</sup> U.S. Census Bureau Small Area Income and Poverty Estimates, <http://www.census.gov/did/www/saipo/index.html> accessed 04-05-11



## Unemployment

A characteristic closely tied to poverty as an indicator of the financial health of a community is the unemployment rate. The state unemployment rate was estimated at 9.2 percent in December 2010. This was a decrease of one-tenth of a point from the December 2009 rate (9.3 percent). In December 2010, 56 counties in Missouri had an unemployment rate greater than the state. Reynolds, Washington and Laclede counties had the highest unemployment rates in the state with 14.3 percent, 14.2 percent, and 13.5 percent, respectively. Statewide, employment grew by 10,544 jobs from December 2009 to December 2010. The economic recovery continues, with jobs in all sectors impacted at varying levels and degrees. Map 5 depicts the December 2010 unemployment rates by county.

Map 5: Unemployment Rates by County December 2010 – Missouri Rate: 9.2 percent<sup>29</sup>



## Uninsured Populations

The Missouri Department of Health and Senior Services' Community Data Profiles, 2007 County-Level Study – Health and Preventive Practices Profile provides data on the proportion of the state population without health insurance.

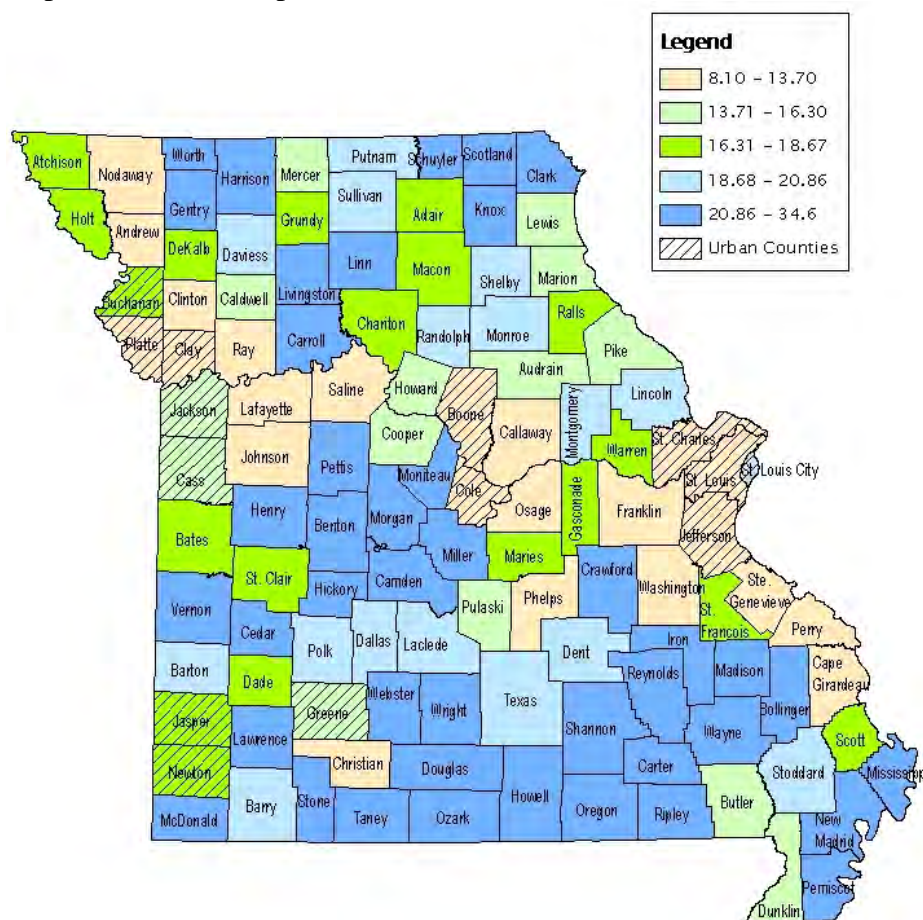
Health insurance is an important determinant of health status. Health insurance is also highly correlated with income and health care access. Lack of insurance, along with reduced access to health care delivery services, is a dangerous combination that exists disproportionately in rural Missouri. The 2007 County-Level Study estimates that over 15.3 percent of Missouri adults age

<sup>29</sup> Missouri Department of Economic Development



18 and above do not have health care coverage. Rural rates are generally higher than both the state average and urban rates. The Northeast Region (18.4 percent) and Southwest Region (18.0 percent) rates are statistically significantly higher than the state rate. Map 6 shows the distribution of counties according to the estimated percentage of uninsured individuals.

Map 6: Uninsured Populations<sup>30</sup>



## Education

“The mechanisms by which education influences health are complex and are likely to include (but are not limited to) interrelationships between demographic and family background indicators, effects of poor health in childhood, greater resources associated with higher levels of education, a learned appreciation for the importance of good health behaviors, and one’s social networks.”<sup>31</sup>

Education and health literacy are key determinants of health. Research indicates people with higher education levels have better health practices, often because regular access to a primary care provider is attainable. The Robert Wood Johnson Foundation’s ‘Overcoming Obstacles to Health’ report discusses the importance of education to lifetime health status. “Education, long

<sup>30</sup> Missouri Department of Health and Senior Services, Community Data Profiles, 2007 County-Level Study – Health and Preventive Practices Profile. Rates are age-adjusted to the U.S. 2000 standard population.

<sup>31</sup> Education and Health, National Poverty Center Policy Brief #9; [http://www.npc.umich.edu/publications/policy\\_briefs/brief9\\_policy\\_brief9.pdf](http://www.npc.umich.edu/publications/policy_briefs/brief9_policy_brief9.pdf) accessed 01-26-11

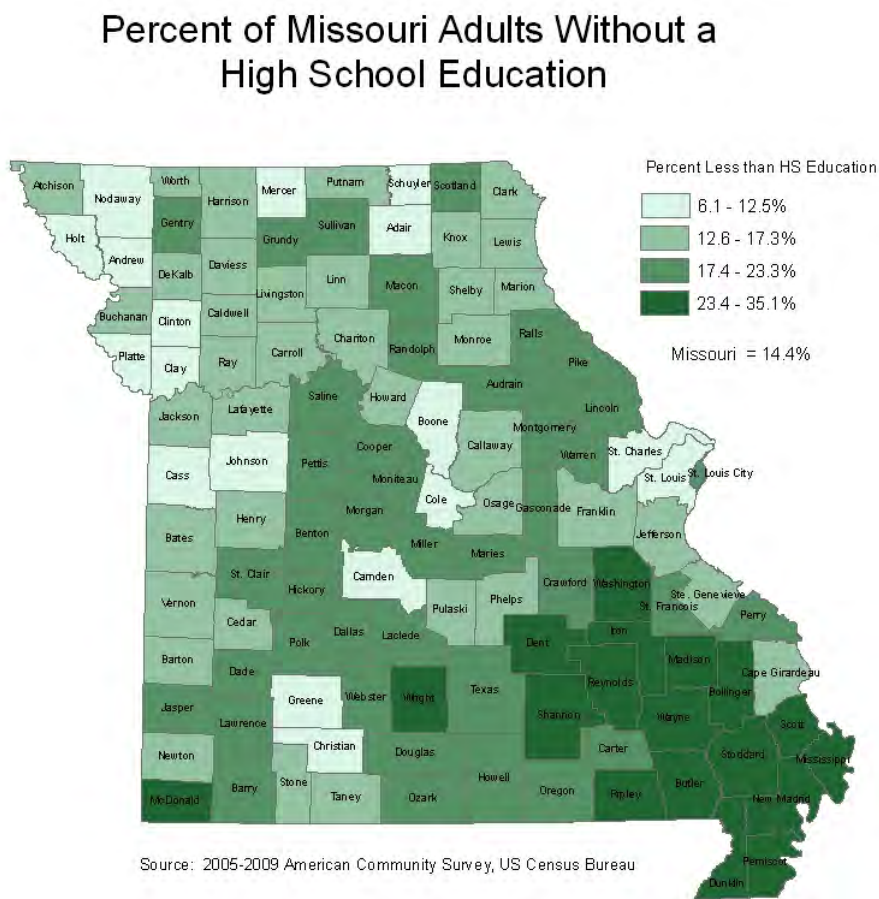


recognized as a key to opening doors of economic opportunity, also has profound health effects. According to the research, the health value of education is twofold:

- Better-educated parents are better equipped to raise healthy youngsters and better-educated children have additional assets for pursuing good health.
- More education frequently leads to higher paying jobs with better benefits, including insurance coverage. Families headed by more-educated parents are better able to purchase nutritious foods, obtain quality child care, enjoy leisure activities and buy homes in safer, more tranquil neighborhoods.”<sup>32</sup>

In rural Missouri, the lack of educational attainment, as measured by the percentage of the population without a high school education, is evident. Although the state rate of 14.4 percent is less than the national rate of 15.4 percent, in 36 rural Missouri counties, more than 20 percent of residents over 25 years of age lack a high school education. Mississippi County has the highest rate at 35 percent.<sup>33</sup> Health status and life expectancy increase in tandem with levels of education. This is a critical factor in developing intervention strategies to impact health in rural Missouri.

Map 7: Percent of Adults Without a High School Education, 2005-2009<sup>34</sup>



<sup>32</sup> Copyright 2008 Robert Wood Johnson Foundation/Overcoming Obstacles to Health.

<sup>33</sup> 2005-2009 American Community Survey, U.S. Census Bureau

<sup>34</sup> 2005-2009 American Community Survey, U.S. Census Bureau



## Missouri Rural Health Systems

Missouri works to ensure access to and availability of health care services for all of Missouri's populations, including its rural citizens. This section describes the major types of public rural health facilities and primary care providers in Missouri that comprise the rural health infrastructure.

### Provider Resources

Healthcare providers deliver essential health services to the community and are an important source of economic growth and stability in their local economies. This growth and stability comes from their direct provision of jobs, indirect support of local services and health care employee spending on commodities and services. In addition, health care employers usually offer health insurance for their employees and pay taxes to the community.

### Hospitals

There are 118 general medical/surgical hospitals in Missouri. Only 68 of these hospitals are located in rural counties.<sup>35</sup> Forty-one rural counties in Missouri do not have a hospital. Of the 68 rural hospitals, 36 are Critical Access Hospitals (CAH), with 25 or less critical access beds. The lack of hospitals in rural Missouri is indicative of the need for certain hospital services, especially emergency room and specialty care services. The demand for these services is dramatically evident in the disparity of health status indicators identified earlier. Most rural populations have to travel excessive distances to obtain specialty care, such as cardiology, rheumatology and endocrinology. Given the large proportion of rural elderly populations living in poverty, the lack of local services often means no services for those in need. Map 8 illustrates the distribution of staffed hospital beds in the state.

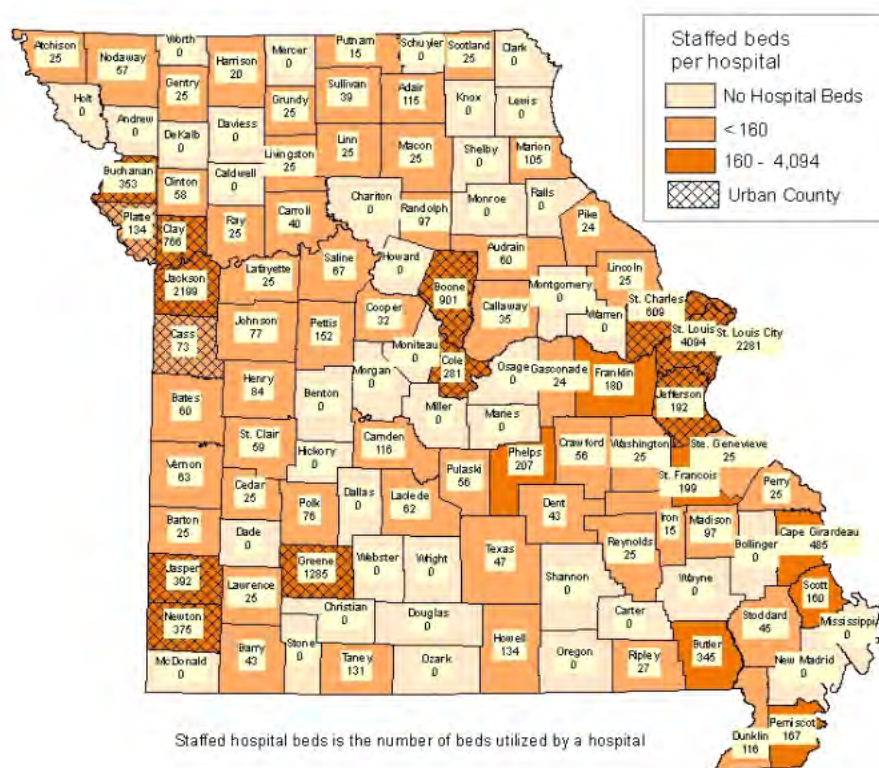
The HRSA developed programs, including the Medicare Rural Hospital Flexibility (Flex) Grant Program, to assist in sustaining the rural healthcare infrastructure and to improve and sustain access to appropriate healthcare services in rural Missouri. Through the Flex Program, small rural hospitals receive their critical access designation from the Centers for Medicare and Medicaid Services. The Flex Program was designed to improve rural health care access and reduce hospital closures. As a CAH, rural hospitals must not exceed a maximum of 25 acute care inpatient beds and receive 101 percent reimbursement for acute inpatient and outpatient services provided to Medicare beneficiaries.

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<sup>35</sup>Missouri Department of Health and Senior Services, Bureau of Health Informatics



Map 8: Staffed General Medical/Surgical Hospital Beds by County<sup>36</sup>



May 2011

## Federally Qualified Health Centers

Federally Qualified Health Centers, also referred to as Community Health Centers, are local, nonprofit, community-owned health care providers serving low-income and medically underserved communities. Missouri's health centers provide high quality, affordable primary care and preventive services. Many sites also deliver dental, pharmaceutical and behavioral health services. Health center costs of care rank among the lowest and reduce the need for more expensive in-patient and specialty care services, saving taxpayers millions of dollars.

Over the past 40 years, Missouri's community health center system has evolved into an expanding network of 21 health centers providing primary care services through nearly 180 community-based delivery sites, serving nearly 375,000 individuals through almost 1.4 million visits annually. Health centers are present in every region of the state and serve the residents of 111 of Missouri's counties plus the City of St. Louis. Nearly 1,300 dedicated healthcare professionals at these centers provide health care to the underserved, making their services available to all residents, regardless of insurance and income status. The only limitation is the health center's capacity. Missouri's health center patients receive high quality, compassionate care through a system, which offers the community a strong voice in local health care delivery. Moreover, 265 committed volunteer board members, comprised of business, civic and

<sup>36</sup> Missouri Department of Health and Senior Services, Bureau of Health Informatics



community leaders, as well as patients, are sharing their expertise and assisting their health centers to strengthen and expand the state's health safety net.<sup>37</sup>

## Rural Health Clinics

Rural Health Clinics (RHCs) must be located in rural areas designated by the HRSA as a health professional shortage area. As of September 2010, 351 rural health clinic providers serve 106 counties in Missouri. RHCs improve access to primary care by using nurse practitioners (NPs), physician assistants (PAs) and certified nurse midwives (CNM) under the direction of a physician. The NP, PA or CNM must be on-site to see patients at least 50 percent of the time the clinic is open. A physician must supervise the midlevel practitioner in a manner consistent with state and federal law. RHCs are required to provide out-patient primary care services and basic laboratory services.

## Local Public Health Agencies

Public health is a proven, prevention focused discipline vital to the well-being of Missourians. It improves the health of all people – urban and rural, young and old, male and female, and of every race and socio-economic level. Missouri's public health system provides a vast array of life-saving services that address a wide range of issues from environmental concerns to communicable diseases to reducing obesity to emergency response.

It is critical for Missourians and their leaders to recognize the essential role public health serves in the state and continue to support public health programs and those who make them work. The public health system in Missouri is comprised of the Missouri Department of Health and Senior Services (DHSS), 115 local public health agencies and multiple other partners, such as health care providers, who work together to protect and promote health.

Local public health agencies are autonomous and operate independently of each other and of the state and federal public health agencies. Through contracts, they work directly with DHSS to deliver public health services in each of Missouri's communities.

Missouri's local public health agencies provide a wide array of services, from prevention to direct services, including immunizations, family planning, animal control, disease control, sanitation inspections, WIC and chronic disease screening, education and self-management. Through grants, contracts and local funding, local health agencies serve as the front line of Missouri's public health system.

DHSS receives funds from Centers for Disease Control and Prevention, other federal agencies, state general revenue and other sources and distributes many of these funds through contracts that contribute toward local public health programs. DHSS also provides technical support, laboratory services, a communication network and other vital services to aid local efforts.<sup>38</sup>

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<sup>37</sup> Missouri Primary Care Association

<sup>38</sup> Source: <http://health.mo.gov/living/lpha/index.php> accessed 04-26-11



## Emergency Medical Services

Emergency medical services (EMS) comprise a system of care for victims of sudden and serious injury or illness. It is estimated that the average U.S. citizen will require the services of an ambulance at least twice in the course of their lives. Thus, the development of effective EMS systems is crucial in rural areas.

Rural EMS systems face substantial challenges. Few rural communities have paid EMS personnel, depending instead upon volunteers, who often work full-time in non-EMS related vocations within the community, yet continue to donate their personal time to provide pre-hospital care and receive training. Sparsely populated regions lead to higher costs for EMS care, but there are fewer tax dollars to fund EMS programs. Rural populations are aging and place an increased demand on EMS. Additionally, poor access to training and medical supervision, higher response times, dated equipment, inadequate insurance reimbursement for services and insufficient communications systems all combine to make rural EMS an area of critical concern.<sup>39</sup>

The DHSS, Section for Health Standards and Licensure, Bureau of Emergency Medical Services (BEMS) is responsible for protecting the health, safety and welfare of the public by assuring emergency medical services provided by ambulance services, emergency medical response agencies, trauma center, training entities and emergency medical technicians meet or exceed established standards. BEMS investigates complaints and may exercise its authority to deny, place on probation, suspend or revoke the licensure of an ambulance service, training entity, trauma center, emergency medical response agency and emergency medical technician when statutory or regulatory violation is substantiated.

Of a network of 29 trauma centers, which serve Missouri, ten are Level I trauma centers, of which three are designated as Pediatric Centers. Missouri's Trauma Nurse Managers oversee both Adult and Pediatric Trauma Centers. In addition to the ten Level I trauma centers, there are 11 Level II and eight Level III trauma centers.

911 in Missouri is not coordinated by a single agency. The DHSS, Office of Administration and the Department of Public Safety have historically had statutes and activities regarding 911. This was streamlined in 2009 within the Department of Public Safety. The BEMS, with the State EMS Medical Director and DHSS, Deputy Director, has been actively engaged in efforts to improve 911 by meeting with members of the State Legislature, 911 coordinators and other interested parties. Currently, 85 percent of the state has 911, and 97.6 percent of the population is covered.<sup>40</sup>

## Primary Medical Care

Primary care is care provided by health practitioners who see people with common medical concerns. Practitioners are specifically trained to provide the first contact for undiagnosed health concerns and continuing care of various medical conditions.

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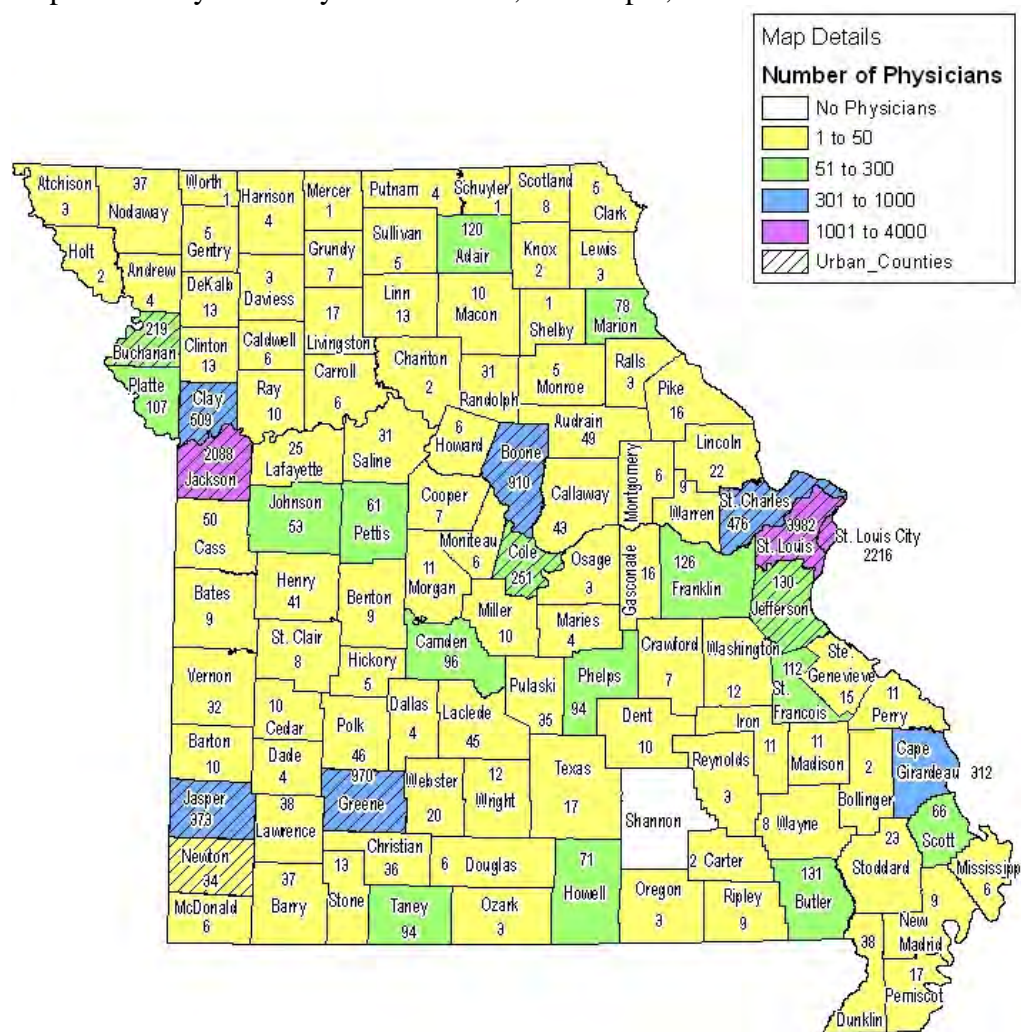
<sup>39</sup> Rural Assistance Center - [http://www.raconline.org/info\\_guides/hospitals/cah.php](http://www.raconline.org/info_guides/hospitals/cah.php), accessed 09-8-10.

<sup>40</sup> Source: <http://health.mo.gov/safety/ems/index.php> accessed 04-26-11



Although 38 percent of Missouri's population lives in rural areas of the state, only 18 percent of the primary care physicians are located in rural areas. This disparity in primary care medical practitioners is critical in assuring access to preventive and maintenance health services in rural Missouri. The distribution of primary care physicians in Missouri is shown on Map 9.

Map 9: Primary Care Physicians Per 10,000 People, March 2010<sup>41</sup>



## Primary Care Dentists

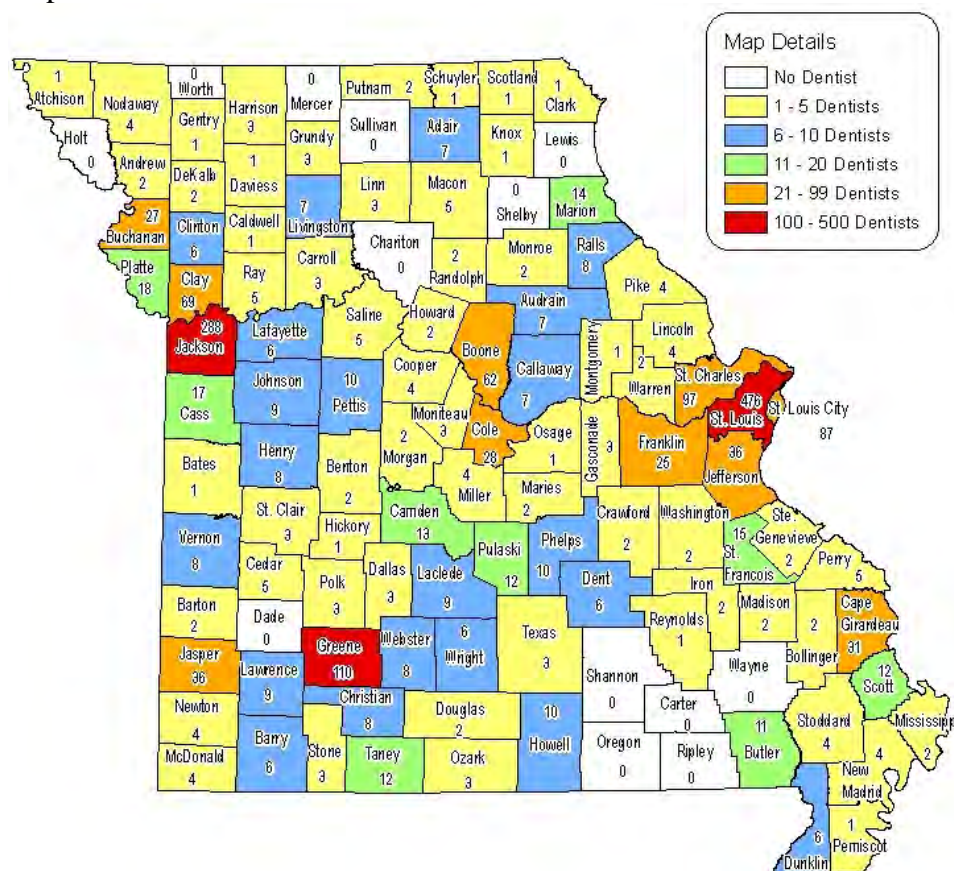
Primary care/general dentists are also key health care practitioners. Recent research and findings indicate the importance of maintaining good oral health. Further studies show oral disease contributes to serious overall health conditions and issues related to quality of life. Such associations are heart and lung disease, diabetes, stroke and low weight babies born prematurely to mothers with chronic oral infections. The need for dentists is not exclusively a rural problem, although access barriers are a greater issue in rural communities. The Bureau of Primary Health Care with the HRSA estimates the average number of patient visits a dentist sees each year is less than 3,000. In Missouri, there are 72 counties with a population to dentist ratio exceeding

<sup>41</sup> Missouri Department of Health and Senior Services, Office of Primary Care and Rural Health



3,000 to 1, or 63 percent. Of those exceeding this standard, 69 counties are rural. Additionally, there are 13 rural counties without a practicing dentist. The dentists in rural Missouri represent only 28 percent of licensed dentists, while the population in those counties constitutes 40 percent of the total population. The distribution of general dentists in Missouri counties is represented on Map 10.

Map 10: Number of Dentists in Missouri Counties<sup>42</sup>



Whether looking at indicators of health status, economics or health infrastructure, rural areas of Missouri experience some disadvantage when compared with the state as a whole or with urban counties. All of these indicators are directly related, as the socio-economic status and health infrastructure of a community determine, in large part, to the overall health status of the community. In order to achieve improvements in health outcomes in rural communities, the office partners with national, state and local organizations to implement an array of strategies and programs designed to enhance and improve the health care infrastructure issues in rural areas. These efforts are detailed in the following sections.

## Support of Rural Health Systems

There are multiple programs at the state and federal level to support rural health care systems within Missouri. This section describes the programs offered through the Missouri Office of Primary Care and Rural Health (OPCRH).

<sup>42</sup> Missouri Department of Health and Senior Services- Missouri registered dentist in each county in March 2010.



## Health Professional Recruitment and Retention

While there are several factors that influence the recruitment and retention of health care providers, the OPCRH supports the belief that the best chance for finding and keeping primary care practitioners, (physicians, nurses, dentists or behavioral health), is to “grow our own”. This mission is supported by improving and enhancing capacity in communities to identify, encourage and provide financial support to individuals from rural and underserved communities to pursue health care careers. The result is providing a place for the professionals to practice upon completion of their education. During FY 2010, the health professional incentive programs within OPCRH placed 27 physicians, dentists and nurse practitioners in underserved communities in Missouri. Of those placed, 74 percent were in rural counties. Additionally, there are 13 nurses (Associate and Bachelors Degree) participating in this program.

The Primary Care Resource Initiative for Missouri (PRIMO) is a multi-faceted approach to the health care delivery services for all Missourians. There are four components of PRIMO.



### 1. Recruitment/Placement Services

- Facilitate early recruitment of students pursuing primary health care careers through early exposure to primary care.
- Assist communities in marketing and recruitment of qualified health care providers.
- Provide linkages to local, state, and national recruitment and health care organizations.

### 2. PRIMO Student Loans

- Provide financial assistance to individuals pursuing a career as a:
  - Primary care physician
  - Primary care dentist
  - Dental hygienist
  - Behavioral health professional
  - Nutritionist/Dietitian
- Benefit communities by encouraging health care professionals to practice in underserved and rural areas to earn forgiveness.

### 3. Health Professional Loan Repayment

- Provide financial assistance to health care professionals to repay educational loan debt in exchange for medical, dental, nutritional and behavioral health services in qualifying communities and facilities.
- Provide underserved and rural communities with tools to recruit and retain health care professionals that might not otherwise successfully compete for practitioners.

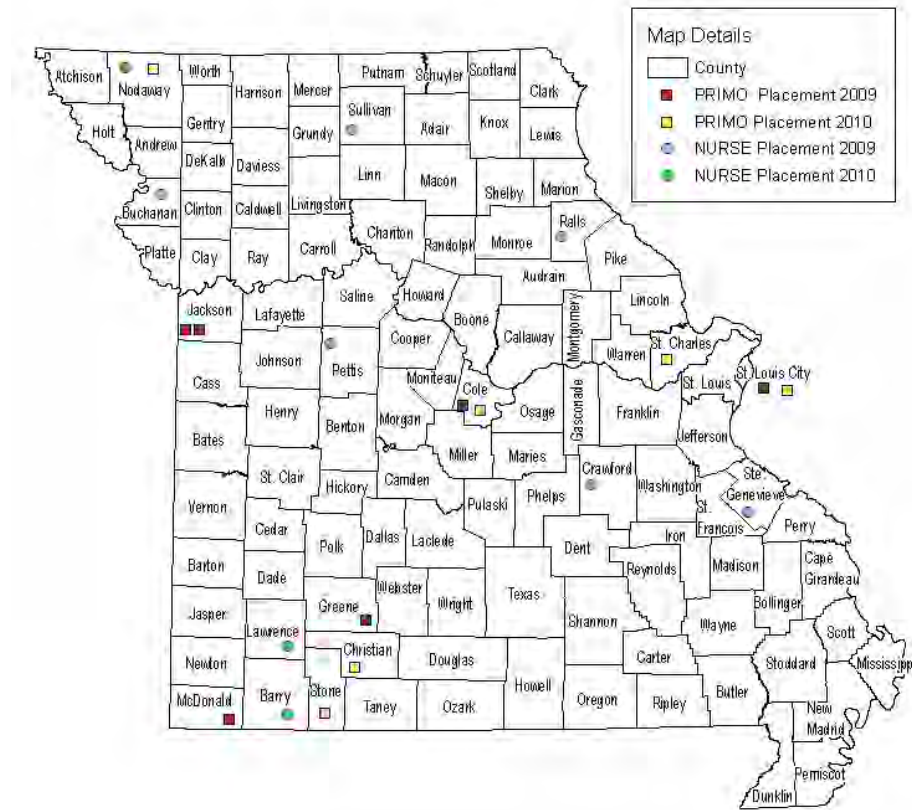
### 4. Health Care Delivery Systems Development

- Collaborate with community-based health care centers that strive to prevent, treat and manage disease, injury and disability.
- Partner with communities, organizations, health centers and academic institution to identify and meet needs in underserved areas.



- Provides financial resources to community-based organizations to create new, or to expand existing, primary medical, dental and behavioral health services in underserved communities.<sup>43</sup>

Map 11: Number of PRIMO and Nurse Loan Health Professional Placements by County, as of April 2010<sup>44</sup>



## Missouri Health Professional Placement Services

The OPCRH has been involved in recruitment and placement of health professionals in underserved Missouri communities in a number of ways. One of those has been to further assist communities with recruitment and retention efforts by partnering with the Missouri Primary Care Association to implement the PRIMO Missouri Health Professional Placement Services Program (MHPPS). MHPPS helps communities recruit and retain dedicated and caring health care providers who have expressed an interest in practicing in rural and underserved areas and are committed to providing high quality, accessible, primary medical, dental and behavioral health services. Services provided by MHPPS are personalized and free. Experienced staff focuses on both the interests of the health care providers and the communities they serve. Through interviews, correspondence, data collection and management, MHPPS maintains a listing of interested health care providers and job opportunities throughout Missouri.

MHPPS offers a variety of services at no cost to providers. Services include: detailed practice and community profiles; information of health professional incentive programs; and linkages to

<sup>43</sup> Source: <http://health.mo.gov/living/families/primarycare/primo/> accessed 04-26-11

<sup>44</sup> Missouri Department of Health and Senior Services for FY 2009 and FY 2010



local, state and national health care organizations. MHPPS also provides marketing of practice opportunities and referrals of qualified health care professionals, assists with developing recruitment and retention strategies, and provides information on workshops related to recruitment and retention. MHPPS simplifies the entire recruitment and retention process by allowing communities to focus on what is truly important: accessible quality health care.

## National Health Service Corp

The National Health Service Corps (NHSC) has been a long-time partner to the OPCRH. Together, viable practice locations are identified and health professionals are recruited into the state. The OPCRH is able to provide technical assistance and insight on practice locations by using statewide needs assessments, availability of practitioners, community health center new starts and expansions, and community health care system development effort. According to a report released on December 31, 2010 by the NHSC, there were 344 participants in Missouri. Of these, 326 are loan repayment program participants and 18 are scholarship program participants. Of the 344 placements, 63 percent have been placed in rural underserved sites in Missouri. The placement disciplines are as follows: 139, or 41 percent, were primary health care providers; 42, or 12 percent, were dental health care providers; and 163, or 47 percent, were mental health care providers.

## J-1 Visa Waiver Program

Up to 30 additional physicians can be placed each year through the state's Conrad 30/J-1 Visa Waiver program, which allows foreign medical graduates to practice in underserved areas of the state. In state fiscal year 2010, 31 percent of the J-1 Visa waivers were for physicians to practice in rural underserved counties in Missouri. For fiscal year 2011, letters of support for 30 candidates have been submitted to the Department of State. Physicians placed in rural areas under this program are typically general practice physicians, pediatricians or psychiatrists. The OPCRH supports and facilitates the placement of participants for this program to assure rural health care provider needs are met.

## Oral Health

Oral health means much more than healthy teeth. It is essential to overall general health. Good oral health requires daily oral hygiene (which includes brushing and flossing) and good nutrition.<sup>45</sup> Unhealthy habits such as tobacco use, substance abuse, and inadequate brushing and flossing have a negative impact on oral health.

In recent years, several programs have been developed in Missouri to address oral health awareness, including Preventive Services Program, Healthy Smiles and Start Right. While the programs have been successful, Missouri continues to increase oral health education efforts, especially in rural areas where a shortage of providers is a critical issue.

Access to oral health care services, dentists or dental hygienists, remains a major issue, especially for Medicaid recipients and low-income persons across the state. Dentists who

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<sup>45</sup> Source: <http://health.mo.gov/living/families/oralhealth/index.php> accessed 04-26-11



establish practices in underserved areas may not serve the most vulnerable of populations, such as young children, Medicaid/Medicare recipients or persons with disabilities.

Along with the lack of education, other barriers to oral health care services can include financial and transportation issues, as well as language and cultural barriers. Limited financial resources or a lack of dental insurance may prevent many rural Missourians from seeking treatment. In rural areas, transportation can be a significant barrier. The nearest dentist can be several miles away and no transportation services are available. Language and cultural differences make it difficult for people to understand the importance of oral health care and the impact of oral health on overall health.

## **Rural Health Plan Strategies**

The nature of healthcare is changing with the passing of the Affordable Care Act in 2010. Provisions of the new federal law will move Missouri towards a primary care medical home for patients. But access to quality health care services is dependent upon an adequate supply of physicians. Despite efforts, there continues to be a shortage of primary care physicians, especially in rural and remote areas. While each rural community has its own unique history, population, environment and economy, it does impact the conditions for health care. No single agency or program can meet the needs of a community. Efforts must be focused together to expand, engage and inspire community resources. Individuals and organizations must get involved and work together to make positive, lasting changes on community issues.

The following goals address the priority areas identified by the OPCRH partners at the town hall meetings. The activities within each goal serve as the strategies most likely to contribute to improving rural health in Missouri and the most feasible for implementation in rural communities. They are steps individuals, communities and the state may take in working to address a goal or goals.

### **Goal 1: Increase Access to and Utilization of Health Care Services** *(Identified issue of access to affordable health care and lack of rural health workforce)*

According to the U.S. Department of Health and Human Services, almost one in three adults living in rural America are in poor to fair health. Nearly half have at least one major chronic illness. Yet, rural residents average fewer physician contacts per year than those in urban communities. Low population density in rural areas makes it inherently difficult to deliver services that target persons with special health needs. Groups at particular risk include: the elderly; the poor; people with HIV or AIDS; the homeless; mothers, children and adolescents; racial or ethnic minorities; and persons with disabilities.

For people living in rural areas of Missouri, accessing healthcare services can be similar to facing an obstacle course. The first obstacle is overcoming the insurance barrier, as many community members are uninsured or underinsured. The second obstacle is transportation and making arrangements for a ride if a vehicle is not owned. The third obstacle is the financial burden, which includes the cost of the healthcare visit, the costs of transportation and often the loss of wages from work. Along with these three obstacles, many rural community members also worry about the quality of the care they are receiving.



For specialty, dental, behavioral health and vision services, these hurdles are compounded by a shortage of providers. Many healthcare providers, including specialists, may not accept or only accept a limited number of Medicaid and Medicare patients. Behavioral health services, especially treatment for substance abuse, are noticeably lacking throughout rural Missouri. Vision care services are also limited. Specialized services such as physical therapy or treatment for specific diseases are virtually non-existent in rural areas.

Education levels and health knowledge or literacy impacts health outcomes. Adults with limited literacy skills are less likely to manage their chronic diseases than people with stronger literacy skills. This leads to poorer health outcomes and higher healthcare costs.

In general, the benefits of improved health literacy include greater communication, adhering to treatment plans, assuming responsibility for self-care, improved health status, and greater efficiency and cost savings for the health system. Enhancing health literacy does not always require additional resources, but specialized health improvement courses, such as diabetes education and cooking classes, can help overcome some of the health literacy issues that make disease self-management complicated. However, many providers and hospitals in rural areas cannot afford to host regular classes. It may be difficult to entice community members to attend classes during working hours due to lost wages.

The affordability of medications goes hand in hand with access to care. For those who are uninsured or underinsured, the cost of prescriptions can be overwhelming. Prescription expenses can be just as overwhelming for those with insurance, but living on fixed incomes, such as the elderly or disabled.

#### Objectives:

1.a. Making healthcare accessible and affordable in Missouri communities.

#### Activities:

- OPCRH determine availability of current primary medical, dental and behavioral health care practitioners and how many are available to provide services for the uninsured, underinsured and Medicaid-eligible populations in the state.
- OPCRH support community efforts to provide affordable, accessible and sustainable healthcare.
- OPCRH fund innovative, collaborative projects that evolve from ongoing work with community partners.
- Support advancement of telehealth opportunities throughout rural Missouri.

1.b. Improve the health literacy by encouraging better health decisions and healthy behaviors of Missourians.

#### Activities:

- OPCRH explore funding opportunities to promote health literacy education and training for health professionals to participate in preventive programs.



- OPCRH analyze available data to determine prevalence and severity of limited health literacy.
- Healthcare providers incorporate health literacy into each patient care plan.
- Healthcare providers identify patients with limited health literacy and address concerns by providing education and literacy information.

**Goal 2: Expand Access to Affordable and Available Transportation** (*Identified issue of access to transportation*)

Rural Missourians face transportation related problems, varying from the lack of public transportation in remote areas to the distances that must be traveled to reach services. The ability to access timely and appropriate care is essential to achieving and maintaining health. Participants in town hall meetings in every location identified transportation as a significant issue is accessing care. From road conditions, long distances and lack of adequate public transportation options, the complexity of this issue emerged as a key finding.

The lack of public transportation systems in rural Missouri is a concern and creates a barrier for those needing to travel for employment, accessing healthcare, recreation and social services. While the demand for public transportation is high, distance between communities and the wide dispersal of homes within the community impact the feasibility of providing public transportation. Vehicle wear and tear, along with fuel price, places a prohibitive cost burden on communities. Rural areas do not have the populace necessary for the tax base to provide financial support and cannot compete against larger, urban areas for transportation dollars. Limited services are provided by the Older Adult Transportation Service and Southeast Missouri Transportation.

The lack of public transportation in rural areas translates into people relying heavily on private or personal transport. For those community members who do not drive, or cannot afford vehicle ownership, this causes additional stress. Unfortunately, these stressors are faced by the most vulnerable in society: the elderly, disabled, and low-income individuals and families. “For persons of all ages who visited their usual care provider, travel time was longer for rural than for urban patients. Fourteen percent of rural patients traveled more than 30 minutes, while only 10 percent of urban patients did so.”<sup>46</sup>

Road conditions vary greatly in rural areas of Missouri, from newly paved highways to washed-out gravel roads in remote areas. This variety of road conditions places financial burdens on communities and counties to maintain and repair roads. It can also limit the ability of community members to travel to jobs, healthcare providers and school, and can inhibit social contact and daily life.

Objective:

2.a. Encourage community coordination of services and programs.

Activities:

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<sup>46</sup> Hard Times in the Heartland – Health Care in Rural America (<http://www.healthreform.gov/reports/hardtimes/>) Original Source: Agency for Healthcare Research and Quality, 2006 Medical Expenditure Panel Survey. Calculations By Maine Rural Health Research Center.



- OPCRH urge counties without rural transit to assess their level of needs for alternative modes of transportation and to develop plans for service.
- Existing rural transit providers evaluate and consider expanding the service area and the hours of operation.
- OPCRH support community established rideshare, volunteer driver or other innovative programs that meet locally-identified transportation needs.
- Community leaders coordinate local transit providers and other officials to collaboratively find ways to effectively use limited transportation resources.
- OPCRH connect rural communities with available funding for transportation services.

### **Goal 3: Support Emergency Medical Service Providers in their efforts to provide optimal care.**

*(Identified issue of access to emergency medical services)*

Rural Emergency Medical Services (EMS) systems face substantial challenges. Few rural communities have paid EMS personnel. Volunteers, who have other full-time positions within the community, are trained to provide essential emergency services. Sparsely populated regions lead to higher costs for EMS care, but there are fewer tax dollars to fund EMS programs. Rural populations are aging and place an increased demand on EMS. Additionally, lack of access to training and medical supervision, higher response times, dated equipment, inadequate insurance reimbursement for services, and insufficient communications systems all combine to make rural EMS an area of critical concern.<sup>47</sup>

Objectives:

3.a. Rural emergency medical service providers receive adequate training.

Activity:

- OPCRH assist by providing funding for emergency medical services trainings in rural areas.

3.b Funding opportunities are made available to rural emergency medical service programs.

Activity:

- Community leaders research and apply for grants to rural emergency medical services providers.

3.c. Development of a comprehensive emergency care system

Activities:

- OPCRH and communities promote ongoing collaboration among pre-hospital and hospital providers in the acute treatment of trauma patients.
- OPCRH support continued meetings and discussions of the EMS System through the Time Critical Diagnosis system.

### **Goal 4: Coordinate efforts to improve the Rural Health Workforce** *(Identified issue of lack of rural health workforce and access to affordable health care)*

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<sup>47</sup> Rural Assistance Center, [http://www.raconline.org/info\\_guides/ems/](http://www.raconline.org/info_guides/ems/), accessed 01-26-11



“Skilled and motivated health workers in sufficient numbers at the right place and at the right time are critical to deliver effective health services and improve health outcomes. A shortage of qualified health workers in remote and rural areas impedes access to health-care services for a significant percentage of the population...”<sup>48</sup> Health workforce includes medical, dental and behavioral health.

Access to health care providers in rural areas is difficult in some communities due to limited office hours and distance to services. The percentage of medical students obtaining family medicine or general practice degree is decreasing. Specialty health care providers receive higher reimbursement rates making them more appealing. For individuals with family or general practice degrees, rural areas may not provide the lifestyle they desire. The accessibility of cultural arts activities, proximity to other providers for assistance and the amount of education debt compared to reimbursement deter some individuals from practicing in rural areas. Limited numbers of health care professionals accept Medicaid or Medicare, limiting access for multiple individuals.

Area Health Education Centers work with high school and undergraduate students to foster their interest in the health care field. There are seven centers located throughout the state. Often, these students are from rural or underserved areas and will return to work in or near their hometown.

The World Health Organization recently released a new set of global policy recommendations specifically addressing the issue of workforce retention in remote and rural areas. Their recommendations focus on education, regulation, financial incentives, and personal and professional support.

#### Objectives:

##### 4.a. Increase and sustain the primary care workforce in rural Missouri.

##### Activities:

- Area Health Education Centers work with elementary and secondary schools to provide students early exposure to healthcare careers.
- Medical schools increase selection and admission of students from rural areas or with rural backgrounds.
- OPCRH work with federal and state programs such as National Health Service Corps, Loan Repayment Programs and J-1 Visa Waiver to recruit primary care practitioners to underserved areas.
- OPCRH assist by providing federal and state funding for community development activities to expand access to care.
- OPCRH support recruitment of health professionals by maintaining a web-based resource for medical professionals.
- Local communities retain primary care practitioners by supporting and providing incentives for rural doctors and their families.

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<sup>48</sup> World Health Organization, Increasing access to health workers in remote and rural areas through improved retention, July 2010.

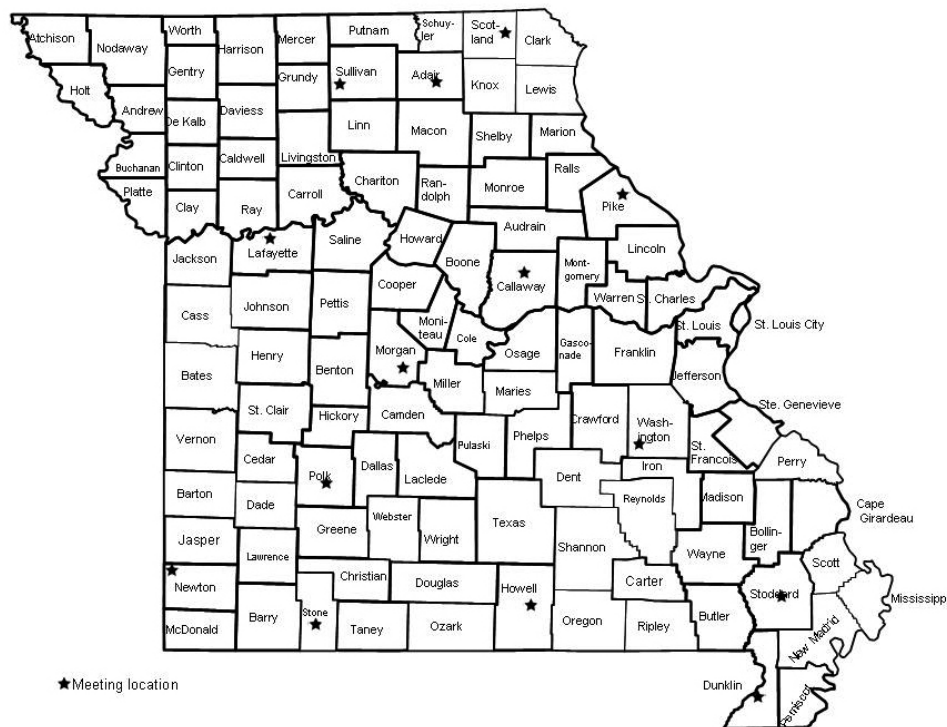


# Town Hall Meeting

## Process overview

The Town Hall meeting process was developed to gather input from rural residents regarding the issues they felt were critical to their communities. Local community groups were contacted to encourage participation in the meetings. The Missouri Foundation for Health co-sponsored several of the Town Hall meetings, which helped to increase community participation. Meetings were held in rural communities throughout the state, which are highlighted with stars in Map 12 below.

MAP 12: Town Hall Meeting Locations



Meeting locations and times were distributed and published in local newspapers, on the Missouri Rural Health Association website, via offices of the Missouri Department of Health and Senior Services and through other organizations, including the Missouri Public Transit Association, the Missouri Association of County Developmental Disabilities Services and the Missouri Primary Care Association.

In addition to the set of eight questions posed at each Town Hall meeting, the same questions were made available on-line to allow individuals unable to attend a meeting in person to contribute their thoughts and recommendations to the process. The availability of both in-person and on-line participation options provided greater public opportunity to provide input into the process. The survey link was provided to partner organizations and promoted on websites and via e-mail messaging. In addition, hard copies of the questionnaire were provided to meeting attendees interested in sharing copies with others in their organizations or the patients/clients they serve.



At the meetings, and also included as part of the electronic survey, the following series of questions was presented:

1. What do you believe are the most important characteristics of a healthy community?
2. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in rural Missouri?
3. In what ways is your community succeeding in improving health and quality of life? Please be as specific as possible.
4. What limits your community's ability to address health and quality of life issues?
5. List up to 5 organizations in your community that take a leadership role in improving health and quality of life.
6. What is the responsibility of the State of Missouri in addressing these issues?
7. What is the responsibility of individuals and community members in building a healthy community?
8. Do you volunteer with any local organizations?

The questions were asked in an open discussion format with answers recorded on flip chart paper for easy viewing by all participants. The open discussion format facilitated additional networking opportunities for community groups and citizens, as success stories and information on resources were shared. The information from the flip charts was later compiled and distributed back to the community for local use.

Along with open discussions of the above questions, rural residents were asked to complete a demographics survey to obtain additional information. While attempts were made to reach all socio-economic groups in rural areas, the majority of Town Hall meeting participants were those residents who had at least a high school education and were already active within the community.

**(A copy of the demographic survey is included as Appendix 2)**

## **Town Hall Meeting Response Summary**

Town Hall meeting and on-line participants were asked a series of questions designed to provide rural community perspective on issues related to health, quality of life and expectations of the state and community. This section provides an overview of participant responses to each discussion item, along with a summary of the item as related to the overall project. A complete set of participant responses, by meeting site, is included as **Appendix 1**.

### **1. What do you believe are the most important characteristics of a healthy community?**

When asked to describe a healthy community, the majority of people mentioned the availability and accessibility of quality, affordable medical, dental and behavioral health care as a primary characteristic. Quality schools with high graduation rates and the availability of secondary education were another key characteristic. Education was considered important in order for community members to increase health literacy. Other characteristics frequently mentioned include the availability of places to be physically active, such as parks and fitness facilities;



transportation services at low or no cost for people to move freely throughout the community; and the importance and availability of affordable, locally grown, fresh foods.

While other characteristics were mentioned, the key themes that emerged were focused on these four areas:

- access to affordable health care
- access to transportation
- access to emergency services
- lack of rural health workforce

## **2. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in rural Missouri?**

Town Hall and on-line meeting participants identified limited or a lack of access to healthcare (medical, dental and behavioral) as preventing rural communities from improving health and quality of life. Along with access to healthcare, rural communities also reported challenges related to lack of affordable insurance and coverage for preventative services. Limited transportation was further indicated as another major obstacle for rural residents. Options for public transportation in some communities were very limited. Rural residents may have to travel long distances to reach their healthcare providers. These complications are compounded by economic factors such as an abundance of low-wage, seasonal employment inhibiting the ability of community members to obtain insurance. Unhealthy lifestyle choices and a lack of basic health literacy skills also contribute to the problems faced by rural communities.

The following issues were most frequently noted as important to be addressed.

- Access to medical, dental and behavioral health providers, as well as affordable insurance with adequate coverage
- Increase health literacy, preventative services and education
- Accessible and affordable public transportation
- Economic factors such as additional jobs and higher living wages
- Unhealthy lifestyle choices

## **3. In what ways is your community succeeding in improving health and quality of life? Please be as specific as possible.**

Rural communities have unique opportunities to foster cooperation and collaborations to pool resources. Volunteers and local service providers often work together to help at multiple organizations. Rural residents tend to know their neighbors, more so than in an urban environment, which contributes to the neighbor-helping-neighbor mindset.

Communities' residents have worked together to improve the health and quality of life in their areas through the development of walking trails, providing opportunities for physical activities and increasing access to healthy foods. Local civic and religious organizations play a vital role in assisting with the organization and funding of these efforts.

Responses to this question varied significantly by meeting location (refer to **Appendix 1**), but common themes include:

- Organizations work together to solve problems



- Churches have an important role

#### **4. What limits your community's ability to address health and quality of life issues?**

Rural communities have limited resources for addressing problems and barriers. Lack of local, state and federal funding, high poverty rates and limited job opportunities create depressed economic climates. Transportation problems also limit the ability of rural communities to work together to meet the needs of widely dispersed residents. Cultural and generational barriers can also limit a community's ability to address health and quality of life.

The most frequently identified barriers were:

- Accessible and affordable public transportation
- Cultural, generational and language differences
- High poverty rates
- Lack of local, state and federal funding
- Availability of jobs
- Depressed economy

#### **5. List up to 5 organizations in your community that take a leadership role in improving health and quality of life.**

Organizations and services vary from community to community; however, there were similarities. The most frequently mentioned organizations included local health departments, hospitals, clinics, nutrition centers, school systems, faith-based organizations, social service providers and community collaboratives. These organizations and service providers often work together to meet the needs of rural community members, collaborating on projects and funding opportunities.

Many locally-specific organizations were mentioned at each meeting (refer to **Appendix 1**); however the following were common across the majority of meetings:

- Schools
- Churches
- Social Service providers
- Local Public Health Agencies
- Civic Groups
- Law Enforcement

#### **6. What is the responsibility of the State of Missouri in addressing these issues?**

The majority of rural residents felt the State's primary responsibility was to provide funding to support local programs and to assist local programs with obtaining additional federal and/or private funding. Local organizations also identified the need for the State to provide and coordinate information regarding training, consultation services and networking opportunities. Many residents identified the need for oversight in programs to ensure funds were properly spent. However, this needs to be balanced against the need of local organizations to keep auditing and monitoring simplified. Rural communities also feel the State is more focused on addressing urban needs and out of touch with the needs of rural residents.



The following were the most frequently identified responsibilities of the State listed by town hall meeting participants:

- Assist with obtaining federal and other funding
- Provide information, training, consultation and networking opportunities
- Oversight of abuse
- Responsiveness to local needs
- Monitoring and auditing procedures simplified

## **7. What is the responsibility of individuals and community members in building a healthy community?**

Many of the rural residents believed the majority of the community's issues needed to be resolved at the local level, with little State involvement. The primary themes of personal responsibility and accountability, along with volunteerism and caring for neighbors were mentioned at every meeting. Local businesses also need to be responsive to shoppers, encouraging shopper loyalty. In turn, local residents need to shop locally to support the economy in their community. Town Hall Meeting participants also repeatedly mentioned the necessity for rural community members to stay involved and advocate for their local issues

The following were the most mentioned individual and community responsibilities:

- Work together to solve problems locally
- Be involved, volunteer in the community and help neighbors
- Hold others accountable (elected officials)
- Take personal responsibility
- Shop locally
- Value local shoppers

## **8. Do you volunteer with any local organizations?**

The majority of meeting attendees indicated they were also volunteers with other organizations.

## **Participant Demographics**

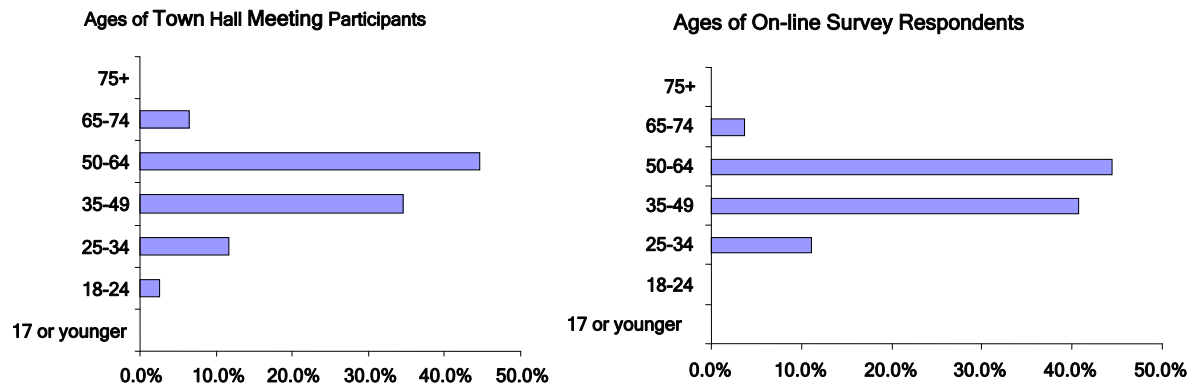
Over 250 individuals participated in 15 meetings held across the state from November 2009 through June 2010. In addition to their active engagement in the live discussion, individuals were asked to complete a basic demographic survey. The questions from the town hall meeting were made available on-line to allow those who could not attend a meeting to respond to the same question series. In addition to health and quality of life questions, information was collected to determine community demographics. This survey was posted on websites and promoted through the Office of Primary Care and Rural Health and the Missouri Rural Health Association.

Demographics were collected in an attempt to determine the impacts of age, socioeconomic, value and attitude on access to health care and utilization. The meeting attendees represent only a small proportion of the population's characteristics, with the majority being service providers and other professionals.

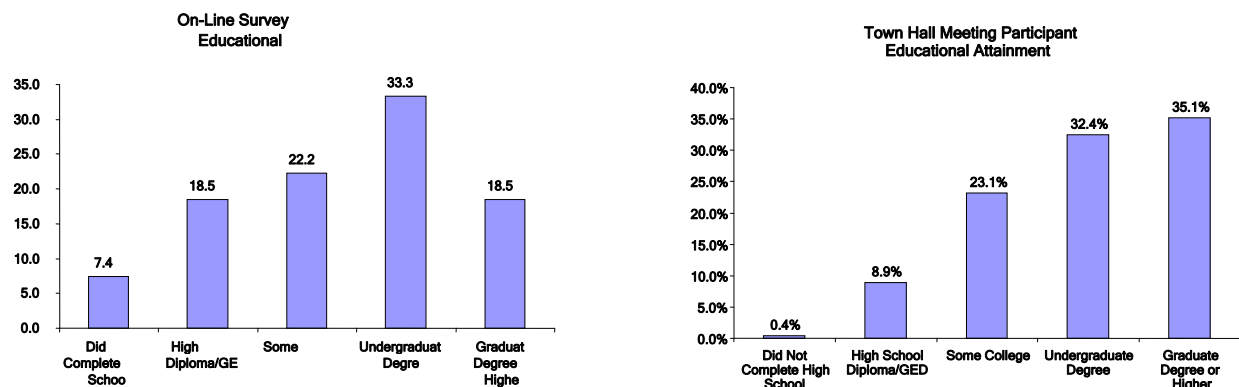
The graphs and tables below provide an overview of meeting and on-line survey participants.



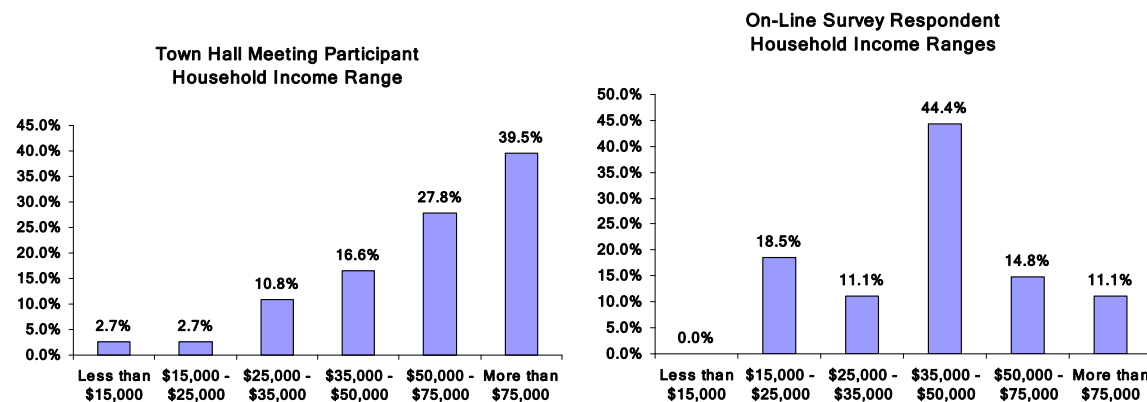
**Age Range.** In both the Town Hall meetings and the on-line survey, the majority of participants were between 35 and 64 years of age.



**Education Level.** The education levels varied significantly between the Town Hall meeting participants and those who completed the on-line survey. The on-line option reached individuals with lower education levels than Town Hall meeting attendees.



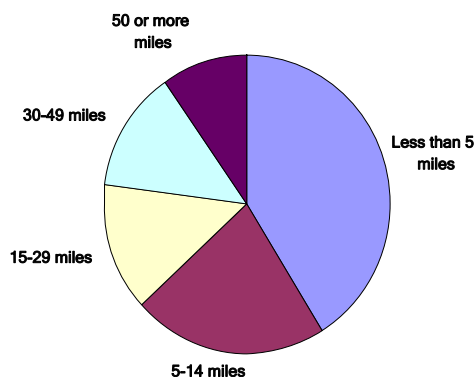
**Income Range.** The household income ranges also varied significantly between the Town Hall meeting participants and those who completed the on-line survey. The graphs below show the variance. The household income for 74 percent on-line participants was below \$50,000. Conversely, 40.5 percent of Town Hall meeting participants' household income was below \$50,000. Interestingly, 40 percent of the Town Hall meeting participants had household incomes over \$75,000.



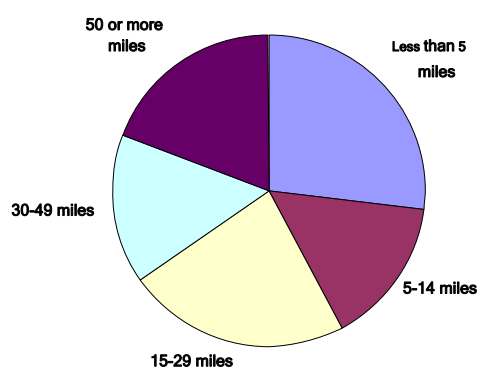


**Distance Traveled to Care.** Approximately 25 percent of all participants travel 30 or more miles to access primary health care services and 20 percent of on-line respondents reported traveling 50 or more miles to access care.

**Town Hall Meeting participants**  
Distance traveled to access primary care

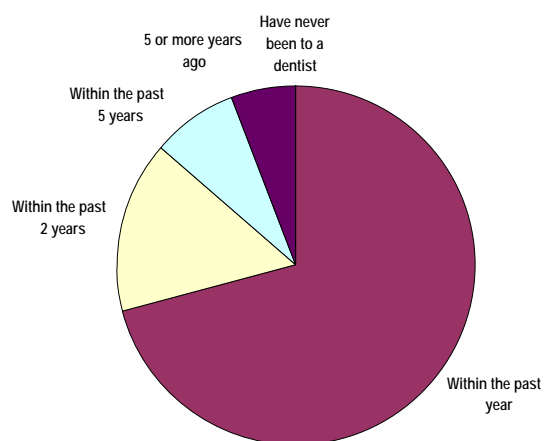


**On-line Survey Respondent**  
Distance traveled to access primary care

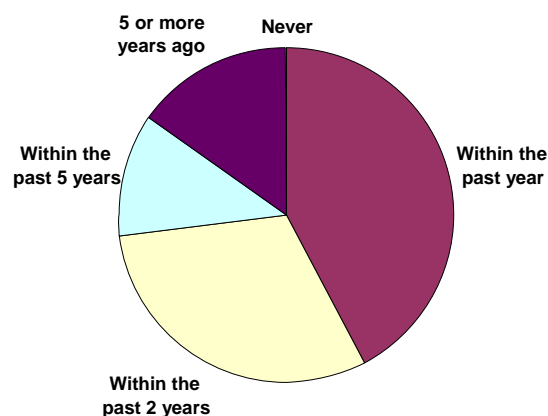


**Dental Care.** Online participants reported a greater length of time between dental visits, with 15.4 percent indicating it had been more than 5 years since their last checkup. Among Town Hall meeting participants, 71 percent reported having a visit to the dentist in the past year.

**Town Hall Meeting Participants**  
Time since last visited a dentist



**On-Line Participants**  
Time since last visited a dentist



**Primary Care.** In addition to inquiries about access to dental care, participants were asked to report how recently they had seen a primary care physician. A higher percentage of Town Hall meeting participants, 85 percent, than on-line participants, 73 percent, indicated they had seen a primary care physician within the past year.

**Care Providers.** The table below provides an overview of where participants access primary health care services. Most people receive healthcare from a private physician. On-line participants report a higher rate of use of Community Health Centers, as compared to Town Hall meeting participants.



<b>Where Care is Accessed</b>	<b>Town Hall Meeting Participants</b>	<b>On-Line Survey Participants</b>
Private Doctor	74.3%	61.5%
Rural Health Clinic	16.0%	11.5%
Community Health Center (FQHC)	5.2%	34.6%
Other **	4.8%	3.8%

\*\* Veteran's Administration; County Health Department; Hospital; Mobile Clinic; Military Base; Student Health Center



# **APPENDIX 1**

## **Individual Town Hall Meeting Proceedings**

### **Lexington Town Hall Meeting - November 10, 2009**

1. What do you believe are the most important characteristics of a healthy community?
  - Access to affordable medical, dental and behavioral health care
  - Nutrition resources available
  - Affordable and accessible public transportation
  - Low chronic disease
  - Education and health literacy
  - Prevention activities, such as screening, healthy eating and physical activities
  - Strong school districts
  - Quality care
  - Providers responsive to needs
  - Access to affordable options
  - Adequate number of providers
  - Safe environment
2. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in Rural Missouri?
  - Too many without health care coverage
  - Affordable and accessible public transportation
  - De-stigmatize behavioral health and substance abuse treatment
  - Lack of psychologists and psychiatric treatment
  - Affordable access to care
  - Link with unemployment
  - Local employment
  - Stronger empathy on chronic disease
  - Medicaid reimbursement to providers, especially private providers
  - Increase number of providers accepting Medicaid
  - Improve actual rates and timeliness of payment
  - Lack of primary care providers
  - Expand health information technology
  - Tackle juvenile obesity
3. In what ways is your community succeeding in improving health and quality of life?  
(Please be as specific as possible)
  - Lafayette Emergency Department Records System; from triage to completed care record is all electronic



- Move to E-prescriptions, currently have 9 pharmacies, 2 pending, all have access 2 pending, but all have access
  - Behavioral health tax allows for the Brighter Futures program in schools for students and parents
  - Six public school districts have counselors on-site for Pre-Kindergarten through 19 years of age, five percent of the population is served
  - Providers response to needs, such as batterers intervention program
  - Collaborate with school districts on wellness policies and healthy food options
  - Opportunities to network with others and discuss services
  - 4Life Center is a community effort involving multiple individuals and organizations working together
  - Federally qualified health center in the community
  - Community Health Foundation offers scholarships with service requirement
  - Licensed Practical Nurse program
  - Hospital
4. What is the responsibility of the State of Missouri in addressing these issues?
- Be responsive to community needs, work on solutions to address local needs
  - Assist in locating funds
  - Participation by state to qualify locals for federal programs
  - Farmers market and food stamps program
  - Cell phone tax to support 911 issue
  - Fund evidence based programs
  - Allow flexibility to fund local programs
  - Reasonable health care legislation, not a handout, make it affordable to individuals and business
  - Address health literacy issues
  - Take a fresh approach at funding for elderly, disabled, etc.
5. List up to 5 organizations in your community that take a leadership role in improving health and quality of life.
- Lafayette Health Care Coalition
  - Hospitals
  - Local Public Health Agency
  - University Extension
  - Schools
  - Senior centers
  - Brighter Futures
  - Pathways (behavioral health provider)
  - Missouri Valley Community Action Agency
  - House of Hope



- Ray County Transportation
  - Federally Qualified Health Center's Migrant Farm Workers Project
  - Cancer Coalition
  - Cancer Assistance Relief (faith based)
  - Ministerial Alliance
  - Fitzgibbon Hospital has inpatient behavioral health and cancer treatment
  - Lions Club and other civic organizations(Jaycees, Rotary, etc)
6. What limits your community's ability to address health and quality of life issues?
- Funding, 911 tied to land lines only
  - Transportation was listed during a recent survey that was conducted, have Older Adult Transportation Service
  - Need options for those who have limited dollars for subsidy
  - Need transportation options for individual trips; time of day (evening versus day)
  - Providing non-emergency transportation (not 911)
  - No vehicle and cannot afford a taxi to get to work
  - Lack of inpatient behavioral health beds
  - Inadequate personal transportation, sometimes it is a matter of not having a provider, but does not have a vehicle and cannot afford a taxi.
  - Medicaid transport is unreliable; lack of awareness of services, clients do not make it to appointments, inadequate communications with patients, problem at clinics and too much lag time
  - Shortage of doctors, dentists, psychiatrists, especially to serve low income populations
  - Unemployment and lack of insurance is compounding issues for providers
7. What is the responsibility of individuals and community members in building a healthy community?
- Collaboration
  - Educate community members about what is available
  - Accountability; personal, providers, organizational and volunteers
  - Individuals achieve and maintain a healthy lifestyle
  - Parents take responsibility for child wellbeing
  - Hold elected officials and businesses accountable
  - Vote; look out for those less fortunate
  - Communicate among organizations and personnel and follow through
  - Involve youth in these organizations – build leadership
8. Do you volunteer with any local organizations?
- 90 percent said yes



## **Joplin Town Hall Meeting -January 8, 2010**

1. What do you believe are the most important characteristics of a healthy community?
  - Activity assets that are safe and free
    - Parks, trails, and sidewalks for walking, running, and biking
  - Quality health care that is accessible to everyone, regardless of money and Americans with Disability Act compliant
  - Access to affordable and appropriate health care and prevention services through expanded hours and reduced wait times.
  - Programs to encourage use of assets –YMCA, Parks and Recreation
  - Fluoride Program
  - Policy and ordinances that support healthy lifestyle
    - Limit public smoking with No Smoking policies
    - Provide funding
    - Improve Air and water quality
    - Assist economic development; Clean burners for manufactures
  - Common vision and collaboration
  - Educated about what “Healthy” is; Public Relations
  - Raise High School Graduate rate and lower dropout rate
  - Food Choices (5 A Day Program)
  - Low Crime
  - Low health risk outcomes, such as Chronic Obstructive Pulmonary Disease, diabetes, cancer, teen pregnancies.
  - Jobs that pay well
  - Green community and business
2. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in rural Missouri?
  - Establish a medical home
  - Education of consumers and individuals
  - Access to care
  - Healthy lifestyle
  - The core of health problems are lack of jobs, low education levels and high poverty rate
  - Preventive care through the life cycle
  - Dental care; Newton County does not have a dentist accepting Medicaid
  - Need transportation services where people live and work
3. In what ways is your community succeeding in improving health and quality of life?  
(Please be as specific as possible)
  - Vending
  - Activities, such as, safe trails, sidewalks, lighting and city ordinances,



- Transportation (Joplin, Carl Junction, Neosho)
  - Wellness programs
  - Farmers markets in Neosho, Webb City, Joplin, and Carthage
  - School policy on concession stands
  - Annual Live Smart event at school, work and community
  - Free clinics
  - Federally Qualified Health Centers
  - Healthy Active Communities funding from the Missouri Foundation for Health to conduct healthy lifestyle assessment planning
  - Social marketing on healthy eating and physical activity
  - Jasper and Newton County Community Health collaboration
  - Fluoridization of public water; passed after several times to cover three of the four communities
  - Advancing the common good through United Way
  - Diabetes program
  - Active Safe Kids program through Children's Trust Fund grant
  - Carthage has a Drug Free Community Program
  - Lafayette House for Drug Rehabilitation
  - Zero Violence Coalition
  - Lighting in some neighborhoods,
  - Children's Haven
  - Coalition working on homeless and re-entry programs
4. What is the responsibility of the State of Missouri in addressing these issues?
- Provide adequate Funding
  - Policy for public health
  - Citizens should have insurance
  - Fund local public health agencies
  - Listen to local issues; bottom up driven
  - Advocate at federal level for funds
  - Collaborate with other states
5. List up to 5 organizations in your community that take a leadership role in improving health and quality of life.
- Community Health Collaboration
  - United Way
  - Local Public Health Agencies
  - Federally Qualified Health Centers
  - Hospital Systems; Freeman and St. John's
  - Alliance
  - Chamber of Commerce in Joplin, Neosho and Webb City



- Schools slowly coming on-board
  - Area Agency on Aging
6. What limits your community's ability to address health and quality of life issues?
- Funding
  - Education is not as valued as it could be
  - Breaking the cycle of poverty
  - Cultural and economic divide in the community that is growing
  - Educate the larger community of public health issues
  - Political resistance
  - Job quality; there are a lot of blue collar employment (ties to education)
  - Build environment in especially small towns and communities
7. What is the responsibility of individuals and community members in building a healthy community?
- Active in local collaborations
  - Willing to share, bend and collaborate to make the community better
  - Partner with government and citizens
  - Gather local level involvement; stir the troops
  - People take responsibility for their own health
  - Educate citizens; not enable
  - Ownership; Action and advancing the common good
  - Work with state and federal agencies to identify and communicate needs and successes
  - Tell the story
  - Access needs
8. Do you volunteer with any local organizations?  
(DID NOT ASK THIS QUESTION)

### **Kirksville Town Hall Meeting - January 14, 2010**

1. What do you believe are the most important characteristics of a healthy community?
- Local access to primary care.
  - Grocery stores and farmers markets
  - Emergency response; Fireman, Police, Emergency Medical Technicians, etc.
  - Infrastructure; Clean water, sewer and sanitation
  - Sidewalks and trails
  - Health and fitness resources
  - Good economic base
  - Education facilities
  - Safety conscious employers



2. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in rural Missouri?
  - Improve the economic base
  - Increase the number of physicians, dentists and behavioral health professionals
  - Address income disparities
  - Increasing access to fresh produce
  - Improved education
  - Improve opportunities for healthy lifestyle choices
3. In what ways is your community succeeding in improving health and quality of life?  
(Please be as specific as possible)
  - Expansion of walking trails
  - Implement smoking bans
  - Increased awareness of farmers markets and subsidies for farmers markets
  - Transportation for social and medical appointments
  - Community coalitions that focus on health (Edina)
  - Network has diabetes and insurance programs for the uninsured
  - Federally Qualified Health Center that has primary care available
  - Local health initiatives among employers
4. What is the responsibility of the State of Missouri in addressing these issues?
  - Medicaid funding
  - Quicker response when people are evaluated for in-home services
  - Maintaining and improving roads/bridges
  - Transportation funding
  - Access to funding and being mindful of federal funds being lost from match requirements
  - Home delivered meals to the needy
  - Developing standards for public health
  - Making sure Missouri is aware of funding that is available
  - State funding to support health care practitioners
  - Nurse Practitioners free to practice more freely and in a bigger capacity
  - Geographic laws for care-giving
  - Education funding for health care providers
  - Address shortage of behavioral health providers
  - Maintaining health infrastructure
  - Emergency preparedness
  - More jobs with health insurance
  - Recognition of care coordination as a billable service
  - State funding to use resources better.



5. List up to 5 organizations in your community that take a leadership role in improving health and quality of life.
  - Northeast Missouri Regional Medical Center
  - Rural Health Network
  - Truman State University
  - Local Public Health Agency; WIC, immunizations, and nutrition programs
  - Collaboration with Mark Twain Behavioral Health and Federally Qualified Health Center for grant funding
  - Preferred Family Healthcare Behavioral Health Programs
  - Andrew Taylor Still University
  - Older Adults Transportation Service/Kirk-Tran
6. What limits your community's ability to address health and quality of life issues?
  - Transportation
  - Bilingual Language
  - Economics
    - Poverty level; 40 percent under poverty level
    - Income
    - Unemployment
  - Under and uninsured
  - Health and language literacy
  - 50 percent in most smaller communities on Medicaid and Medicare
  - Lack of specialty care
  - Behavioral health care providers shortage
  - Smaller groups of physicians and dentists accepting Medicaid.
  - Most Important are jobs, lifestyle and health education
7. What is the responsibility of individuals and community members in building a healthy community?
  - Having a healthy lifestyles through personal health habits
  - Taking advantage of health literacy resources available
  - Share information with others about resources (get the word out)
  - Informing Legislators
  - Individuals seek positions with health insurance and taking responsibility for paying for health care
  - Employers provide better benefits
  - Come together as a community to provide jobs and health care
  - Using health care entities appropriately and not wasting resources
  - Community and work based health incentive programs
  - Individuals taking responsibility for their own health.
8. Do you volunteer with any local organizations?



- 90 percent said yes

### **Potosi Town Hall Meetings - January 20, 2010**

1. What do you believe are the most important characteristics of a healthy community?
  - Availability of education on health programs
  - Good nutrition
  - Active caring people
  - People educated in taking responsibility for their own health
  - Parents responsibility to children
  - Extended families helping others
  - Happy positive people
  - Low substance abuse
  - Walkability
  - Access to fresh fruits and vegetables
  - Low teen pregnancy rate
  - Smoke free environment
  - Good school and work attendance
  - Decrease high rate of health disparities through access to good medical, oral and behavioral health care
  - Informed and educated population
  - Low Unemployment
  - Employment benefits and living wages
  - Healthy community activities
  - Access to parks, trails, etc.
  - Transportation for all ages
  - Adequate housing
  - Youth, senior and community centers
  - Life skills taught in school
  - Prevention taught in schools
  - Healthy home environments
  - Life skills and prevention taught in school
  - Healthy home environments
  - Healthy spiritual community support
  - Adequate staffing and well trained law enforcement
  - Public works infrastructure; sewer and water
  - Feeling safe
  - Emergency management preparedness



- Access to quality health care; dental, behavioral, and vision (Quality comprehensive health care)
  - Availability of good child care facilities
  - Availability of animal shelters
  - Social networks, telecommunications and city wide wireless
  - Involved citizens
  - Vibrant businesses
  - Promotion of the arts
  - Active community leaders
  - Supportive and responsible government
  - Recycling facilities
2. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in rural Missouri?
- More employment opportunities
  - Poverty
  - Drug use
  - Teen pregnancy
  - Care of the elderly
  - Public transportation
  - Businesses paying livable wages
  - Quality jobs with benefits
  - Teen activities
  - Housing for elderly
  - Education in health care issues
  - Safe, affordable public transportation
  - Businesses paying “livable” wages and workforce development
  - Access to appropriate quality healthcare for all
  - Prevention education regarding teen pregnancy, drugs, alcohol, prenatal and health
  - Educated populace
  - Overall promotion of healthy lifestyles
  - Community leadership dedicated to rural communities
  - Emphasize the positive opportunities locally
3. In what ways is your community succeeding in improving health and quality of life?  
(Please be as specific as possible)
- Local Public Health Department receives numerous grants and programs to benefit pregnant women, newborns and children.
  - Local Public Health Department administers vaccines and blood pressure checks with the elderly



- Dental offices in Great Mines Health Center
  - Health Coalition
  - Providing training and resources to Re-entry program
  - Green team
  - Leadership Programs
  - Working Partnerships
  - Overcoming social barriers
  - Community collaborations identifying community betterment projects
  - Working together to strengthen community (CALM)
  - Improved hospital, Great Mines Health Center and Local Public Health Department
  - Strategic Prevention Framework; State incentive grant project
  - Improved law enforcement
  - WIC program; 26,000 encounters in 2009
  - 911 Call Centers
  - Infrastructure improvements to highway, intersections, sewer and water
  - Parking and sidewalk improvements
  - Sheltered Workshop in a new “used” facility
4. What is the responsibility of the State of Missouri in addressing these issues?
- Economic development policy improvements
  - Passing laws to provide maximum health care and funding to Medicare, Medicaid, etc.
  - Pass law to limit sale of pseudoephedrine
  - Health care reform
  - Put more pressure on drug companies to keep prices down
  - Laws to make doctors more accountable for the Hippocratic oath
  - Funding
  - Technical assistance
  - Marketing of available programs
  - Minimize non-funded mandates
  - Funding for coordination of resources
  - Legislators need to put more funding in the budget for local public health agencies
  - Equity between urban versus rural
  - Supporting rural schools
  - Economic development equity in rural areas
  - Incentives for rural health care providers
  - Better management, efficiency and enforcement of state programs to improve health



- Bigger focus on prevention programs
5. List up to 5 organizations in your community that take a leadership role in improving health and quality of life.
    - Local Public Health Agencies
    - Hospital
    - Schools
    - Churches
    - Great Mines Health Center
    - Washington County Community Partnership
    - University of Missouri Extension Office
    - The Salvation Army, Washington County Chapter
    - 4H Clubs
    - Washington County Health Department
    - Washington County Community Partnership
    - Washington County Memorial Hospital
    - Schools; Potosi R-3, Kingston, Valley and Richwoods
    - City Government
    - Department of Social Services, Family Support Division
    - Faith Community Rural Parish Workers
    - Southeast Missouri Behavioral Health
    - Parents as Teachers
  6. What limits your community's ability to address health and quality of life issues?
    - Money to support programs
    - Lack of employment opportunities
    - Lack of health care professionals
    - Job skills
    - Culture
    - Inadequate transportation (personal vehicles are not adequate to make long trips for specialty care)
    - Hours of offices at times
    - Lack of job flexibility
    - Poverty
    - Distance to good jobs
    - Two lane roads
    - Limited public transportation
    - Communication mechanisms
    - Literacy, high school dropout rate
    - Lack of adequate housing and parental supervision
    - Self pride, hopelessness and limited opportunities



7. What is the responsibility of individuals and community members in building a healthy community?
  - Assisting growing areas
  - Mentoring youth
  - Set an example to children
  - Get involved and follow through with commitments
  - Donate to charities that help with expenses
  - Work together
  - Obtain broader community involvement
  - Education about possibilities for community involvement
  - Finish what is started; comprehensive planning
  - Brag about successes
  - Provide networking opportunities
  - Setting good examples for others
  - Take personal accountability
  - Expand marketing of farmers market and ability to get to farmers markets
  - Shopping locally
8. Do you volunteer with any local organizations?
  - All answered Yes

### **Fulton Town Hall Meeting - February 1, 2010**

1. What do you believe are the most important characteristics of a healthy community?
  - Transportation services, such as Older Adult Transportation Service
  - Accessible health care
  - Behavioral health services
  - Support no-smoking and other policies
  - Access to prescription drugs
  - Access to fresh fruits and vegetables
  - Activities and programs with a variety of physical activity, especially for youth
  - Affordable healthy foods
  - Education and awareness of why to be healthy
  - Access to information
  - Family lifestyle and choices
  - Affordable quality childcare
  - Not living paycheck to paycheck; breaking the poverty cycle
  - Diversity in population and culture
  - Institutional change community wide
  - Awareness of domestic violence and sexual assault



- Collective thought that “this” is unacceptable
  - Insurance forcing change
2. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in rural Missouri? (Callaway)
- Obesity
  - Safe places to exercise and play
  - Access to affordable quality medical, behavioral and dental health
  - Education and attitude change
  - Safety community wide, especially for domestic violence and sexual assault
  - Affordable safe housing, rental and ownership
3. In what ways is your community succeeding in improving health and quality of life? (Please be as specific as possible)
- YMCA-Pioneering Healthy Communities Scholarships
  - Better Self Management of Diabetes to continue; Nutritionist
  - University of Missouri Extension Service Diabetes education class
  - Coalition Against Rape and Domestic Violence;-Coordinate community response project in partnership with Williams Woods University and Westminster College
  - Green Dot/Intersection Program.
  - Dental Coalition; Started local screening and access to Family Health Center in Columbia for treatment
  - Fulton Public Schools Asthma Program
  - Central Missouri Community Action Programming
  - Smoking; Missouri School for the Deaf and Fulton State Hospital, Westminster College; Community wide Freedom From Smoking; Cessation and policy change support
  - Head Start, Healthy Smiles, Leadership Program, 1 Can, School Dental Program
  - Central Missouri Community Action; Weatherization, energy assistance, employment, housing, education and family development.
  - Parks, recreation and trails
  - Serve, Inc. provides transportation access
  - Farmers Markets
  - Soup Kitchens
  - Pregnancy Resource Center and Home
  - Haven House and Wiley-Our House Program
  - United Way
  - Red Cross; Free cardiopulmonary resuscitation training for all high school students
  - Call Resource Network; Don’t duplicate efforts and support



4. What is the responsibility of the State of Missouri in addressing these issues?
  - Listen to local citizens they know the communities
  - Bipartisan approach and removing special interest groups
  - Secure federal funding to pass through to develop programs
  - Collaboration between state and local levels
  - Identify needs by listening to local data
  - Educate and refocus through the media
  - Provide leadership to communities on emergency, disaster and terrorism response
5. List up to 5 organizations in your community that take a leadership role in improving health and quality of life.
  - Central Missouri Community Action
  - Local Public Health Agency
  - Westminster College
  - YMCA
  - Coalition Against Rape and Domestic Violence
  - Serve, Inc.
  - Faith Based; Small non-profit; Kingdom Center for women's ministries
  - Red Cross
6. What limits your community's ability to address health and quality of life issues?
  - Funding
  - Getting people motivated to do something
  - Limited access to media. Need to match media to the target population. There is an over-saturation of information making prioritization difficult
  - Cultural issues; City versus town versus rural
  - Infrastructure and access to affordable medical, dental and behavioral health care. Callaway County is the largest and fastest growing county
  - Lack of public transportation that is affordable
  - Low graduation rate, which impacts income
  - Lack of awareness of issues by business leaders and the public
7. What is the responsibility of individuals and community members in building a healthy community?
  - Take information in as individuals with a willingness to learn
  - Develop and utilize programs
  - Communicate and prioritize needs
  - Be leaders in change
  - Support systems that are in place
  - Inform community leaders, policy makers of issues
  - Bring diversity to table
  - Establish common ground



- Expectation to follow through and be accountable
  - Involvement of local hospital leadership in activities
8. Do you volunteer with any local organizations?
- Yes-100%

### **Portageville Town Hall Meeting - February 23, 2010**

1. What do you believe are the most important characteristics of a healthy community?
  - Public Safety; police and fire responsiveness
  - Drug-free
  - Affordable, quality health care with adequate quantity of physicians
  - Affordable medications
  - High graduation rates
  - Public education about health that includes awareness and knowledgeable about diseases
  - Good city government with adequate funding for community initiatives and responsive to the community
  - Affordable dental and behavioral health
  - Strong families and churches
  - Good jobs
  - Affordable housing
  - Availability of public transportation
  - Access to recreation like parks, recreation centers, and school sponsored recreation and sports
  - Healthy physical environment; green environment
  - Access to locally grown produce
  - Quality and affordable daycare and care for elderly
2. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in rural Missouri?
  - Jobs and industry; economic security and social safety net for those that cannot work
  - Improve graduation rates and decrease dropout rates
  - Accessibility for those with handicaps and/or disabilities
  - Improve accessibility of public health and disease education resources
  - Increase public awareness of public health and disease resources
  - Affordable health insurance
  - Increase availability of programs like Parents As Teachers and Missouri Mentoring
  - Affordable preschool
  - Better and more retail shopping centers



- Increase public transportation
3. In what ways is your community succeeding in improving health and quality of life?  
(Please be as specific as possible.)
    - Free clinic in Caruthersville
    - Missouri Mentoring, which will be ending
    - Vocational schools and adult and community education in Pemiscot
    - YMCA
    - Missouri Bootheel Regional Council programs including family planning, Fatherhood First, teen pregnancy and healthy babies
    - Southeast Missouri Health Council Health programs including transportation partners, sliding fee programs, fitness center, dental sealants, physicals and screenings
    - Delta Area Economic Opportunity Corporation will begin a Head Start Program in October 2010
    - Goodwill's General Educational Development program
    - Group in Dexter that helps with affordability of medications
    - Churches provide food pantries and help with utility bills
    - Home base healthcare for elderly and disabled
    - Local Public Health Agency and University of Missouri Extension Center
    - Office of Primary Care and Rural Health's dental program
    - Southeast Missouri State Extension Centers
    - Healthy Active Community's obesity and nutrition education program
    - Caring Communities
  4. What is the responsibility of the State of Missouri in addressing these issues?
    - Provide funding
    - Develop a strategic plan in local areas
    - Ensure portability and affordability of insurance
    - Resources, such as education materials and networking opportunities
    - Increased responsiveness by providing feedback when problems or concerns are expressed
    - Publicity on community assessment to help with planning and dissemination of data and information
    - Increase awareness of health care issues.
    - Conduct site visits to community health centers and Local Public Health Agency to view first-hand the issues in rural areas such as distance, facilities, etc.
    - Provide health literacy programs in rural areas
  5. List up to 5 organizations in your community that take a leadership role in improving health and quality of life.
    - Missouri Bootheel Regional Council



- Southeast Missouri Health Network
  - Family Resource Centers
  - Department of Social Services, Division of Family Services
  - Schools administration
  - Faith based organizations; churches
  - Mission Missouri
  - Caring Communities
  - Local businesses; dentists providing free care once a year (one in Scott County, one in New Madrid County; SHOWMobile (dental services); physician volunteering time
  - Local Public Health Agency
  - Delta Area Economic Opportunity Corporation
  - University Extension programs such as Stay Strong, Stay Healthy; Eat Well, Be Well and Diabetes Education
  - Home care agencies
6. What limits your community's ability to address health and quality of life issues?
- Poverty and money
  - Environmental issues such as farming chemicals that contribute to asthma
  - Consistency of funding
  - Lack of education and awareness
  - Youth receiving higher education and leave the area,
  - Youth who have to start work right away to support families or have financial limitations that prevent further education (make too much for financial assistance, but not enough to afford school)
  - Complacency, attitudes and learned behaviors that it is good enough for the parents then it is good enough for me
  - Overall lack of resources
  - Behavioral health
  - Substance abuse
  - State and federal government participation and awareness needs to increase. Most funding goes to urban areas instead of rural.
7. What is the responsibility of individuals and community members in building a healthy community?
- Acknowledge problems and attitudes
  - Exchange information, increase partnerships and cooperation instead of competing for funding
  - Advocacy
  - Information sharing
  - Increase religious involvement through faith based activities



- Set an example by staying healthy
  - Keep self educated about healthy lifestyles, nutrition and activities
  - Never, never, never give up
  - Support local businesses by shopping locally
  - Search for more funding sources and find ways to leverage existing dollars
  - Support healthy family relationships
  - Support community activities
  - Accept risks and invest in local community
8. Do you volunteer with any local organizations?
- All answered yes

### **Louisiana Town Hall Meeting - March 15, 2010**

1. What do you believe are the most important characteristics of a healthy community?
  - Connection to schools
  - Informed and educated population
  - Awareness of community around healthy behaviors
  - Coordination of services and programs
  - Availability of prevention services, such as immunizations to control the spread of disease
  - Access to providers and transportation and the ability to pay for the service
  - Awareness of services and resources, such as how to access WIC, Head Start at local level
  - Safe and accessible walking trails
  - Quality of care
  - Clean “environmental” food and housing
  - Public Health Policy regarding no smoking
2. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in rural Missouri?
  - Accessible behavioral health services and an awareness and understanding of the problem
  - Decrease obesity and increase activity
  - Smoking
  - Compliance with health care instructions for home health and chronic diseases
  - Affordable and accessible public transportation
  - Decrease drugs and alcohol usage, and sexually transmitted diseases
  - Increase chronic disease management through awareness and involvement
  - Improve job development. With the loss of industry, people are moving away
  - Increase education levels
  - Social norms and culture differences



- Educate children at young ages
3. In what ways is your community succeeding in improving health and quality of life?  
(Please be as specific as possible)
- Local Public Health Agency and Missouri Foundation for Health programs on Chronic Disease Self Management-Diabetes
  - Local Public Health Agency and hospital smoking cessation classes
  - YMCA fitness opportunities
  - Taking Off Pounds Successfully through the Eastern Missouri Health Services
  - Patient Navigator funding at the hospital
  - Older Adult Transportation Service brings a lot of patients for dialysis
  - Strong relationship in healthcare matrix through small groups with good communication. Examples include the Local Public Health Agency Environmental Specialist and Firearm Safety Program
  - Local Public Health Agency WIC Program
  - Family Planning program
  - Food pantry and clothing resources
  - Nutrition program for 5<sup>th</sup> graders
  - Ministerial Alliance' Personal Resource help
  - Coordination of Flu and H1N1 activities by the hospital, Local Public Health Agency and home health
  - Healthy Kids expo
  - Physical Education Partnership through the Pike Community Care Partnership
  - Walking trails
  - Active local emergency planning group
  - Communications task force
  - Farm safety program
  - Strong disaster planning
  - Partnership with schools, pharmacies and Department of Corrections for use during emergencies
  - Vocational Technology schools offer Licensed Practical Nurse, Registered Nurse and adult classes
  - Mosquito control programs through community providers
  - Hospital has work site assessment that is health related
4. What is the responsibility of the State of Missouri in addressing these issues?
- Provide funding
  - Development of resources for local programs-
  - Develop and recommend policies such as those regarding school nurses
  - Eliminate waste and fraud
  - Prioritize needs



- Justice system should not de-sensitize the issues of meth, drug, and alcohol usage
  - Link educational and nutritional programs
  - Provide funding in schools to provide healthy lunches
  - Tax on bad items, but reward the good
  - Accountability for those on public programs
5. List up to 5 organizations in your community that take a leadership role in improving health and quality of life.
- Hospital
  - Pike County Home Health and Hospice
  - Local Public Health Agency
  - YMCA
  - Northeast Missouri Community Action supports walking trails, paths, sidewalks, city schools and a track
  - Ministerial alliances
  - Rotary has completed some parks renovations
  - University Extension
  - Health care providers
  - Local emergency planning
  - Firefighters and first responders
6. What limits your community's ability to address health and quality of life issues?
- Communication to the general population. Language differences with the small Hispanic population
  - Motivation and taking ownership; there is a tolerance of reckless behavior
  - Education level of general population
  - Transportation to appointments
  - Primary care-Pike County has two Rural Health Clinics
  - No mental health providers. There are one or two Licensed Professional Counselor and Licensed Clinical Social Worker
  - No Medicaid dentists
  - No OB/GYN services. The closest ones are in Hannibal, St. Louis or Mexico, which are at least a one hour drive
  - Health literacy
  - Specialty doctors and the distance of travel to receive service
  - Concern that funding cuts to schools will impact the ability to provide health education to students
  - Obesity rates
  - Nutritional issues
  - Referral patterns for specialty services
  - Losing jobs



7. What is the responsibility of individuals and community members in building a healthy community?
  - Prioritize needs
  - Develop programs
  - Judicial System needs to enforce laws
  - Educate and motivate the community members
  - Raise awareness of issues
  - Collaborate; don't duplicate
  - Support schools, teachers, coaches, etc., and increase mentoring
  - Support groups
  - Parents and individuals need to be involved
  - Individuals need to get involved
  - Join together to support healthy environment and programs
8. Do you volunteer with any local organizations?
  - All answered yes

### **Kennett Town Hall Meeting - March 17, 2010**

1. What do you believe are the most important characteristics of a healthy community?
  - Good doctors and healthcare access
  - Parks
  - Quality jobs with good salaries and benefits
  - Endless faith-based opportunities
  - Funding for programs and services
  - Good school system
  - Sidewalks and pedestrian access
  - Community involvement and participation
  - Churches
  - Government (community-level) that is involved, active and responsive
  - Grocery stores with locally grown produce
  - Nutrition education and education on how to cook healthy
  - Exercise opportunities and physical education in schools
  - Financial education for both children and adults
  - Low crime
  - Drug free
2. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in rural Missouri?
  - High school dropout rates



- Dental care and access to affordable services; increase the number of quality providers and providers that accept Medicaid
  - Employment opportunities and quality jobs
  - Prevention of disease, preventative care and health literacy
  - Health care workforce has a lack of quality primary care providers, nurses, laboratory technicians, behavioral health, etc.
  - Networking opportunities for women to discuss health needs without information being dictated to them
  - Cost of health care and medications
  - Need 'medical home' with primary care providers
  - Provide incentives or rewards for working; stop welfare and find solutions for resolving the problems and finance the 'gap' when employment is achieved.
  - Potential for increased numbers of uninsured to enter system
3. In what ways is your community succeeding in improving health and quality of life?  
(Please be as specific as possible)
- Caring Council
  - I-care, which is a local cancer funding program
  - Southeast Missouri Health network
  - All agencies present at meeting
  - Faith based organizations
  - Twin Rivers Hospital
  - Sports and walking trails at parks
4. What is the responsibility of the State of Missouri in addressing these issues?
- Information gathering to find issues
  - Focused funding
  - Provide assistance without exaggerated oversight
  - Verification that funding is reaching rural areas
  - Information sharing with policy makers (i.e. – Bootheel is not St. Louis)
  - Common sense
5. List up to 5 organizations in your community that take a leadership role in improving health and quality of life.
- Chamber of Commerce
  - Parks department
  - Senior centers and services for seniors
  - Caring Council
6. What limits your community's ability to address health and quality of life issues?
- Lack of funding
  - High rates of poverty
  - Limited number of providers



- Lack of education in all areas, such as financial, health literacy and general education
  - Lack of accessible and affordable public transportation
7. What is the responsibility of individuals and community members in building a healthy community?
- Working together
  - Frugal with funds and utilize properly
  - Focus on what is available
  - Traditional resources may need to focus on more health related areas
  - Stay involved with local government and organizations
  - Make commitment to community
  - Shop locally
  - Be advocates
  - Make public more aware of all services and provide referrals to other organizations
8. Do you volunteer with any local organizations?
- All answered yes

### **Dexter Town Hall Meeting - March 17, 2010**

1. What do you believe are the most important characteristics of a healthy community?
- Strong churches
  - Good quality, affordable and accessible health care
  - Good bedside manner of physicians
  - Parks for recreation and walking trails
  - Accessible transportation
  - Safe and drug free, with low crime rates
  - Education opportunities
  - Healthy local food sources
  - Job opportunities
  - Community involvement so that everyone serves
2. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in rural Missouri?
- Access to medical, dental and behavioral care
  - Access to public transportation
  - Cost of medical and dental care
  - Physical therapy cut from Medicaid
  - Provider recruitment, retention; it is hard to compete with other areas
  - Jobs and employment
  - Community awareness of problems and of existing resources



- Funding
3. In what ways is your community succeeding in improving health and quality of life?  
(Please be as specific as possible.)
    - Federally Qualified Health Centers provide medication assistance and sliding fee program for medical and dental care and some behavioral health
    - Public transportation just added a route
    - SHOWMobile provides dental and medical visits
    - Dexter area has a regional health foundation
    - Lighthouse church serves as a food distribution location
  4. What is the responsibility of the State of Missouri in addressing these issues?
    - Additional funding
    - Advertising to let people know who to contact and for what services
    - Educate public on what is available
    - Keep list of grant writers
    - Provide technical assistance on grant writing
    - Stay involved and present in communities through more frequent visits
    - Increase communication
  5. List up to 5 organizations in your community that take a leadership role in improving health and quality of life.
    - Large churches and religious organizations
    - Local and regional hospitals
    - County health center
    - Southeast Missouri Health Center
    - Southeast Missouri Transportation System (SMTS)
    - Southeast Missouri State University satellite campuses and University of Missouri extension offices
    - School nurses in public schools
  6. What limits your community's ability to address health and quality of life issues?
    - Funding opportunities and how to qualify for them; cannot afford grant writers and grant requirements are complicated
    - Lack of funding
    - Lack of community awareness
    - Affordable and accessible public transportation
    - Lack of providers
    - Community examples of volunteering, i.e., need knowledge of volunteering opportunities and community leaders need to set examples
    - High unemployment rates and only seasonal employment
    - Access to health insurance



- No incentive to work because there too many costs involved with going to work, which keeps people on welfare
  - High poverty rate
  - Need more experienced grant writers
7. What is the responsibility of individuals and community members in building a healthy community?
- Become federal grant reviewer in order to learn how to write grants
  - Stay or become active locally
  - Recognize problems in community
  - Talk about and promote available services
  - Network by collaborating and cooperating with other organizations instead of competing
  - Ask questions
8. Do you volunteer with any local organizations?
- All answered yes

### **West Plains Town Hall Meeting - April 27, 2010**

1. What do you believe are the most important characteristics of a healthy community?
- Clean water and air
  - Open spaces for outdoor activity
  - Access to affordable, quality health care
  - Education, including health literacy
  - Living healthy lifestyles
  - No environmental toxins
  - Accessible transportation
  - Support systems that cover both behavioral and physical health related
  - Accessible food supply
  - Funds to support programs
  - Quality schools
  - Low or no crime
2. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in rural Missouri?
- Access to dental care that is affordable; also need more providers
  - Access to public transportation
  - Affordability of health care and access to health providers
  - Increase graduation rates and rates of those getting a secondary education
  - Individuals make better lifestyle choices to decrease chronic disease
  - Hospitals need quality physicians
  - Controlling drug problems



- Need more jobs, employment opportunities and industry
  - Existing jobs need benefits that include affordable health insurance coverage
  - Lack of affordable and quality childcare
  - Support groups for various conditions
  - Additional communication and networking between existing groups
  - Affordable medications and assistive devices
3. In what ways is your community succeeding in improving health and quality of life?  
(Please be as specific as possible.)
- Locally grown food availability
  - Community involvement is strong
  - Howell County Health Department
  - Locally owned hospital with specialty physicians
  - Emergency Medical Service that is responsive
  - University of Missouri Extension Office
  - Community support ethic, i.e. neighbors helping neighbors
  - Farmers Market
  - Community gardens
  - South Central Region 6 Community Transition Team (SOCKETT) - services for youth transitioning to post-secondary education
  - Diabetic education programs
  - Making recreation options available
  - Faith groups are active, working together and help promote volunteerism
  - Variety of industry and retail
  - West Plains and Mountain View have free clinics
  - Community Health Center
  - WIC Program
  - Free immunizations
  - Health screenings
  - Nurses at schools coordinate dental and vision screenings
4. What is the responsibility of the State of Missouri in addressing these issues?
- Provide funding
  - Help channel funds into prevention and health education, especially regarding chronic diseases
  - Provide incentives to employers to encourage employees to get fit, also discounts on insurance for healthy and active employees
  - Help with networking and collaboration between local groups
  - Assure clearly defined operational guidelines from funding sources
  - Provide technical assistance and grant writing assistance
  - Assure timeliness of information provided to local level



- Provide a legal defense fund to include boards and volunteers at clinics
5. List up to 5 organizations in your community that take a leadership role in improving health and quality of life.
    - Ozarks Medical Center
    - Howell County Health Department
    - YMCA
    - Air Evac
    - Ministerial alliances and individual churches
    - Senior Center
    - Independent physician offices
    - Schools
    - Free clinics
    - Community Health Center
    - Lions Club glasses program
    - Centers for Independent Living
    - Ozark Action
    - Senior networking committee
    - Community Interagency Council
    - Youth athletic programs sponsored by Optimist, Lions, Rotary, etc.
    - Missouri State University, West Plains Fitness Center
    - Aquatics
    - Collaborations with gyms
  6. What limits your community's ability to address health and quality of life issues?
    - Money and current economic conditions
    - Limited staff time
    - Lack of transportation
    - Inability to recruit providers to rural areas
    - Need to increase graduation rates and rates of those seeking secondary education
    - Lack of affordable housing
    - Lack of political will to create and implement ordinances
    - Generational customs; i.e., good enough for parents, good enough for me
    - Lack of care for children, adults, elderly and those with disabilities
    - Lack of sidewalks
    - Lack of handicap accessibility
    - Lack of care for high risk medical cases
  7. What is the responsibility of individuals and community members in building a healthy community?
    - Provide more opportunities for networking and collaboration



- More volunteering and local involvement, including political pressure locally and at state level
  - Continue to encourage personal responsibility
  - Pool resources when possible
8. Do you volunteer with any local organizations?
- All answered yes

### **Bolivar Town Hall Meeting - April 29, 2010**

1. What do you believe are the most important characteristics of a healthy community?
  - Opportunity for voice
  - Active and safe, with safe trails
  - Social opportunities for all
  - Health literacy
  - Choices for independent living
  - Wellness model instead of disease process
  - Strong families and extended families
  - Awareness of routes to information and resources
  - Prevention programs
  - Access to health care
  - Jobs that provide good pay and provide economic comfort
  - Spiritual wellness
  - Safe communities through decreased violence and substance abuse
2. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in rural Missouri?
  - After hours care to reduce a very busy emergency room
  - Medication funding for elderly
  - Access to physical resources
  - Behavioral health services are lacking; currently there are no services for substance abuse
  - Need a more preventive approach to healthcare
  - Address social determinants, such as transportation, single parent, access for children to a physician and healthcare
  - Literacy across the spectrum
  - Access to dental and oral care
  - Economic status and health care access
  - Children not getting care because parents are not active and refuse care
  - Safety and education regarding home injuries and falls
  - Reducing risk behaviors, such as teen pregnancy
  - Increase policy to encourage healthy behaviors



- Access to good nutrition
  - Education on medication management and pharmacy shopping.
3. In what ways is your community succeeding in improving health and quality of life?  
(Please be as specific as possible)
- New business is being recruited
  - Healthy Roads Program covering weight, smoking and healthy behaviors that has employer support
  - After hours care
  - Free clinics
  - Wal-Mart clinics with evening and walk in access
  - Electronic Medical Records at Citizens Memorial Hospital system and affiliates
  - Kitchen Clinic and Jordan Valley Community Health Center are meeting the need and attracting more need
  - Area Agency on Aging provides access to information, provides in-house medical care, meals, financial assistance, pharmacy, some utility assistance and health counseling
  - Greene County has community participation in fundraising and community education
  - Strong collaboration between local organizations improves services
  - Community foundation developed an access Yellowbook
  - SeniorLink has monthly meetings for local seniors
  - Library is a resource for many people
  - Law enforcement is active
  - Community partnerships Link organizations
4. What is the responsibility of the State of Missouri in addressing these issues?
- Capture federal funding
  - Provide equal access
  - Use local public health agency to distribute funds
  - Information collection that populates, such as link resources, data clearing house, state agencies link and reduce applications.
  - Increase school based initiatives in public schools such as wellness model programs
  - Provide funding opportunities
  - Recapture lost programs
  - Don't make political impressions on programs
  - Monitor quality of care
  - Conformity and consistent messaging
  - Create and mentor foundations for quality programs



5. List up to 5 organizations in your community that take a leadership role in improving health and quality of life.
- Jordan Valley Community Health Center
  - Sigma House
  - Kitchen Clinic
  - Springfield/Green County Regulate Health Commission
  - Area Agency on Aging
  - Citizens Memorial Hospital
  - Local Public Health Agencies
  - Cox North's Family Practice residency and mentoring program
  - Southwest Missouri Area Health Education Center's programs on workforce and health literacy
  - Burnell Health Care
  - Lions Club
  - AIDS Project of the Ozarks
  - Leo Club
  - National Alliance for the Mentally Ill
  - Churches
  - McDonald's tooth truck, Miles for Smiles
6. What limits your community's ability to address health and quality of life issues?
- Advisory role to provide resources, advice
  - Inability to navigate the system of care
  - Lack of funding
  - Transportation is limited
  - Mobility; it takes two or three people to assist with transportation to keep people in homes. Eldercare transit helps, but people must plan ahead.
  - Lack of knowledge of resources
  - Paranoid of release of personal information
  - Access to primary care, dental and behavioral health care. There is some selectiveness by providers of who they care to.
  - Lack of dental, behavioral and primary health care
  - Fragmented care; leverage funding to expand
  - Overlap and duplication versus collaboration
  - State allocation of limited resources, i.e., Medicaid benefits
  - State regulation
  - Lack of education and knowledge
  - Individual choice for lifestyle, not everyone is a health seeker
  - Need someone in an advisory role to assist in navigating the system



7. What is the responsibility of individuals and community members in building a healthy community?
  - Speak out
  - Decide priorities
  - Take ownership of personal health
  - Be willing to take care of your neighbor
  - Report abuse and neglect
  - Educate members of the community
  - Commitment and collaboration
  - Develop interest and desire to act, i.e., Personal accountability
  - Conservation and good steward of the environment
8. Do you volunteer with any local organizations?
  - 100%

### **Hollister Town Hall Meeting - April 30, 2010**

1. What do you believe are the most important characteristics of a healthy community?
  - Access to quality health care
  - Providers willing to see the underinsured and Medicaid
  - Seasonal workers
  - Funding
  - Accessible and affordable public transportation
  - Preventative care to decrease emergency room visits
  - Disabled have health coverage sooner
  - Green space such as walking trails and outdoor activities
  - Clean air
  - Recycling programs
  - Accessible, fresh, quality food
  - Jobs with good pay
2. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in rural Missouri?
  - Increase access to quality jobs
  - Cooperation between organizations including faith-based organizations for the bigger picture
  - Planning
  - Housing; Section 8 has a 2 year wait
  - Transportation to medical services; no regular services currently
  - Improve education levels
  - Nutrition education and fresh quality foods
  - Better health and wellness



- Local government leaders need to acknowledge issues
3. In what ways is your community succeeding in improving health and quality of life?  
(Please be as specific as possible)
    - Faith Community Health Center
    - YMCA, Prime Time after school care
    - Hospitals
    - Healthy Families Task Force for Stone and Taney Counties
    - Hiding Place, a domestic violence and substance abuse facilities Boys and Girls Clubs
    - Christian Active Ministries Food Pantry
    - Loaves and fishes evening meal for seasonal workers
    - Jesus is Homeless offers sack meals for those at hotels and homeless
    - Project Homeless Connect
    - Church providing transitional Housing and substance abuse services
    - Ozark Area Community Action Corporation established the Step up to Leadership program
  4. What is the responsibility of the State of Missouri in addressing these issues?
    - Provide funding
    - Recognizing the desperate need
    - Listen to priorities
    - Focus on easier access to services
    - Responsive to local needs
    - Policy and program issues
  5. List up to 5 organizations in your community that take a leadership role in improving health and quality of life.
    - Loaves and Fishes
    - YMCA
    - Local public health agency
    - Christian Active Ministries Food Pantry
    - Salvation Army
    - Ozark Area Community Action Corporation
    - Taney County Board of Development Delays
    - Service Center for Independent Living
    - Jesus is Homeless
    - Probation Office and Vocational Rehabilitation Office
    - Some activities, but not leadership role are provided by Rotary, churches, Lions Club, Optimists Club, Kiwanis
    - Parents as Teachers
    - Southwest Independent Center for Living



6. What limits your community's ability to address health and quality of life issues?
  - Lack of funding; state budget cuts
  - Acknowledgement of homeless and substance abuse issues
  - Service providers willing to see uninsured and underinsured
  - Accessible and affordable public transportation
  - Medical access points in Stone County
  - Change poverty mentality
  - Culture of poverty
  - Waiting for approval at the state level for Medicare, Medicaid, etc.
  - Summer schools
7. What is the responsibility of individuals and community members in building a healthy community?
  - Buy into concept and want to be healthier
  - Planning leadership
  - Community participation of time and assets
  - Recognize and define needs
  - Communication and awareness
4. Do you volunteer with any local organizations?
  - No response logged.

#### **Milan Town Hall Meeting - May 24, 2010**

1. What do you believe are the most important characteristics of a healthy community?
  - Local access to health care
  - Smoke-free environment
  - Low poverty rates
  - Age appropriate activities for youth, adults and seniors
  - Exercise facility or a community center available
  - Responsible parenting
  - Community buy-in; a sense of ownership and pride
  - Community information center with centralized information
  - Good medical, dental and behavioral health coverage
  - Transportation that is low cost to the public
  - Bike paths and sidewalks
  - High graduation rates and high numbers seeking secondary education
  - Health literacy
  - No crime
  - Affordable produce
  - Collaboration between agencies



- Availability of translators and multi-lingual service providers
  - Spiritual and religious group involvement
  - Cultural transition to healthy eating, also generational transition
2. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in rural Missouri?
- Geographic issues of a rural location
  - Overcoming status quo mindset and generational customs
  - Physician recruitment
  - Address issue of fewer physicians going into general practice
  - Not taking advantage of technology
  - Lack of employment opportunities
  - Young people moving away
  - Parents not providing family education around sex education, values and personal responsibility
  - Lack of personal responsibility
3. In what ways is your community succeeding in improving health and quality of life?  
(Please be as specific as possible.)
- Collaborations, such as resources committee
  - There has been a drop in teen pregnancy rates
  - Accreditation of the local public health department
  - Health facilities coordinate and work together, i.e., hospital, local public health agency, physicians, etc.
  - Health literacy grant through the hospital
  - Being a rural community where it is easier to 'know' each other and neighbors makes it easier to approach with questions
  - Community resource center with resources for the elderly; three year grant was just extended
  - Behavioral health project with Northeast Missouri Health Center
  - Keeping properties cleaned up
  - Animal control is improved
  - Health care career day put on by hospital to encourage youth to enter health care fields
  - Fire and police all trained as First Responders, plus have three defibrillators
  - School system offers adult education classes
  - Health fairs expanded this year
4. What is the responsibility of the State of Missouri in addressing these issues?
- Stop ignoring rural areas
  - Find ways to curb system abuse
  - Lessen monitoring and auditing



- Understand needs and challenges of rural areas
  - Look for alternative resources to continue funding for existing programs that are working and providing results
  - Increase alcohol and tobacco taxes to generate additional revenues
5. List up to 5 organizations in your community that take a leadership role in improving health and quality of life.
    - Local public health departments
    - Hospitals
    - Police
    - Green Hills Community Action Agency
    - Senior Resource Center
    - School districts
    - Ministerial Alliance
    - Department of Social Services, Division of Family Services
  6. What limits your community's ability to address health and quality of life issues?
    - Lack of funding
    - Low ratio of primary care providers and adequate staffing
    - High unemployment rate
    - Mind-sets and opinions are difficult to change
    - Language barriers
    - Cultural and generational barriers
    - Geographic challenges of being a rural area
    - Lack of 'rural' understanding at policy, decision and granting levels
    - Lack of recreational areas, sidewalks and trails
    - People do not meet qualifications to get assistance. They make too much to receive assistance, but not enough to make ends meet.
    - Need mental health providers and facilities
  7. What is the responsibility of individuals and community members in building a healthy community?
    - Advocacy
    - Find other funding sources
    - Collaboration, network and pool resources
    - Do not duplicate services
  8. Do you volunteer with any local organizations?
    - All answered yes

### **Memphis Town Hall Meeting - May 24, 2010**

1. What do you believe are the most important characteristics of a healthy community?
  - Hospital, dentists, pharmacy and behavioral health accessible and affordable



- Good jobs
  - Strong schools with good teachers
  - Diet and exercise programs
  - Healthy lifestyles with regular physical activity and good nutrition
  - Safe environment, no crime
  - Vibrant retail and service businesses
  - Community activities and entertainment for all ages
  - Parks
  - Support systems for families
  - Churches
  - High school graduation rates are high and secondary education is available
  - Elder care
  - Affordable housing
2. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in rural Missouri?
- Jobs with benefits and better pay instead of working three or four minimum wage jobs
  - Improve the economy
  - Increase access to affordable and accessible public transportation
  - Address unhealthy behavioral and physical lifestyles
  - Address lack of resources, counseling and behavioral health services
  - Address funding gap for elderly with fixed incomes
  - Need educated community awareness of needs, plan to address needs and how to get there, along with community commitment to fix issues
  - Encourage youth to pursue advanced education and bring skills back home
3. In what ways is your community succeeding in improving health and quality of life? (Please be as specific as possible.)
- Service organizations, i.e., Rotary, Veterans of Foreign War, Ministerial Alliance all support food banks, clothes closets, etc.
  - Established a fitness center
  - Established a diabetes and obesity clinic
  - There is communication to the general public and amongst agencies
  - Focus on family values
  - Hospital serves as a resource
  - School system is strong
  - Continuation and progressiveness, looking forward
  - Promotion of healthy lifestyles
  - Farmers market
4. What is the responsibility of the State of Missouri in addressing these issues?



- Provide funding
  - Take shared responsibility for networking, information sharing
  - Simplify the oversight process with less paperwork
  - Provide oversight, and take action for system abuse
  - Provide block grants
  - Improve communication between state agencies and government representatives
  - Work toward less government control and more local control
  - Support a business friendly climate for small and big business
  - Advocate for low business taxes to make Missouri more attractive
  - Set good examples (Missouri Department of Transportation worker smoking while holding signage sets bad example)
  - Keep programs that encourage small businesses and innovation
5. List up to 5 organizations in your community that take a leadership role in improving health and quality of life.
- Hospital
  - Clinics
  - Local public health department
  - Fitness center
  - Sports, such as soccer and baseball
  - Pregnancy resource center
  - Tiger Trail Team
  - Smoke Busters
  - Youth center
  - Swimming pool, theater and theater group
  - Saddle clubs
  - 4H
  - Scouts
  - Senior and nutrition centers
  - Golf Club
  - Sororities
  - Churches that have walking programs
  - Schools
  - REACH spell out
  - Masons Club
6. What limits your community's ability to address health and quality of life issues?
- High poverty rates
  - Funding
  - Behavioral health for adults



- Recruiting dental, behavioral and primary care providers; small communities cannot compete with urban areas
  - Inertia and a lack of visionary leadership; need out-of-the-box thinking and more risk-takers
  - Need to move beyond past
  - Generations of welfare and entitlement
  - Abuse of system
  - Need examples of local adult leaders and mentors
  - Sense of dependency on system instead of personal responsibility
7. What is the responsibility of individuals and community members in building a healthy community?
- Encourage mentors
  - Commit time, resources and energy to community issues
  - Advocate to government
  - Set an example and be healthy
  - Empower, rather than enable
  - Be a cheerleader for community; take pride in the community
  - Get involved and work on change
  - Establish goals
  - Value and educate youth, let them know it is ok to be a small-town
  - Shop locally
  - Local business owners need to value patrons and provide friendly service
8. Do you volunteer with any local organizations?
- All answered yes

### **Versailles Town Hall Meeting - June 25, 2010**

1. What do you believe are the most important characteristics of a healthy community?
- Quality residential care
  - Affordable, available and up-to-code housing
  - Safe environment; no substance abuse
  - Visible law enforcement presence
  - Quality education with high graduation rates and high numbers seeking local secondary education
  - Employment with benefits, not minimum wage jobs; year round and not seasonal
  - Quality and affordable health care
  - Health literacy
  - Dental and vision care from Medicaid providers
  - Activities for community involvement for all ages; seniors, children, teens, etc.



- Support groups for people to participate in
  - Behavioral health care access
  - Low and no cost recreation opportunities for all and safe places to exercise
  - Public transportation at low or no cost
  - Strong public health system
  - Walking trails
  - Help for obesity and issues surrounding obesity
  - Affordable and quality child care
  - Strong emergency services
  - Vibrant business communities
2. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in rural Missouri?
- Lack of funding for services
  - Employment issues
  - Access to healthcare, including dental, behavioral and vision
  - Need for access to affordable and accessible public transportation
  - Address the lack of personal responsibility and accountability in society
  - Leadership in community is needed
  - Law enforcement education regarding developmentally disabled and other professional development
  - Opportunities for community planning and communication with community members
  - Need to network and collaborate with local groups
  - Need a central point or clearinghouse of information like community guides
3. In what ways is your community succeeding in improving health and quality of life? (Please be as specific as possible.)
- Diabetes program
  - Safe Kids of Central Missouri
  - Quit smoking program
  - Buddy Pack program that provides nutritional food to children over weekends
  - Back to school fairs offering free supplies
  - Morgan County Resource Guide provides community information
  - Recruitment and retention packet for physicians and school administrators
  - Working to open a community clinic (Predicting October 2010)
  - Inter-agency meetings
  - Underage drinking reduction program in place
  - Prescription drug disposal event
  - Expanding behavioral health services in Moniteau and Morgan counties
  - Carevan provides transportation



- Parenting classes are offered
  - Cardiopulmonary resuscitation training
  - California has health related services meetings
4. What is the responsibility of the State of Missouri in addressing these issues?
    - Maintain or increase investment in public health, including behavioral health, education, health literacy and developmental disabilities
    - Balance need for services with taxing on businesses, increase taxes if more funding is needed
    - Work closer with faith-based organizations to channel services and funding where needed
  5. List up to 5 organizations in your community that take a leadership role in improving health and quality of life.
    - Co-Mo Cares
    - Lions Club
    - Community Action Agency
    - Ministerial alliance
    - Food bank
    - 911
  6. What limits your community's ability to address health and quality of life issues?
    - Lack of communication and collaboration
    - Lack of affordable and accessible public transportation
    - Limited finances
    - Location
    - Legislation
    - Not enough volunteers; the same people volunteer continuously
    - Lack of education; low graduation rates and not enough secondary education
    - Lack of availability and affordability of insurance and health care
    - Cultural barriers
    - Generational and family habits
    - High poverty rates
    - Lack of economic diversification; need less minimum wage jobs and more mid-level employees
  7. What is the responsibility of individuals and community members in building a healthy community?
    - Advocate to elected officials, bring them to meeting
    - Develop community plan for health improvement
    - Personal accountability; dedication to causes and advocate for things that are needed
    - Volunteer



- Shop local
  - Set a good example
8. Do you volunteer with any local organizations?
- All answered yes



## APPENDIX 2 – DEMOGRAPHIC SURVEY

Rural Health Plan Demographics	
1. Rural Health Plan Survey	
Health Access Information	
1. To which community do you feel you most belong?	
<input type="text"/>	
2. Where do you access primary health care services?	
<input type="radio"/> Private Doctor	<input type="radio"/> Emergency Room
<input type="radio"/> Rural Health Clinic	<input type="radio"/> Other
<input type="radio"/> Community Health Center	
Other (please specify)	
<input type="text"/>	
3. How far do you travel to access primary health care services?	
<input type="radio"/> Less than 5 miles	<input type="radio"/> 30-49 miles
<input type="radio"/> 5-14 miles	<input type="radio"/> 50 or more miles
<input type="radio"/> 15-29 miles	
4. How do you usually get to your medical appointments?	
<input type="radio"/> Drive Yourself	<input type="radio"/> Private Medical Transportation
<input type="radio"/> Family or Friends Take You	<input type="radio"/> Other
<input type="radio"/> Public Transportation (CATS, etc.)	
Other (please specify)	
<input type="text"/>	
5. Is transportation a problem for you when you need to access health care services?	
<input type="radio"/> Yes	<input type="radio"/> No
Comments:	
<input type="text"/>	
6. About how long has it been since you last visited a doctor for a routine checkup?	
<input type="radio"/> Within the past year	<input type="radio"/> Within the past 5 years
<input type="radio"/> Within the past 2 years	<input type="radio"/> 5 or more years ago